

Community Engagement

State Health Assessment Companion Document

June 30, 2020



The State Health Assessment

The 2019 Connecticut State Health Assessment (SHA) is an update on the health status of Connecticut residents with a focus on the social determinants of health that are having the greatest impact on health outcomes. The SHA provides the basis for the Connecticut State Health Improvement Plan (SHIP). Together the SHA and the SHIP make up the five-year statewide planning framework *Healthy Connecticut 2025*.

The *Healthy Connecticut 2025* framework is guided by Connecticut’s vision for health equity:

Through effective assessment, prevention, and policy development the Connecticut Department of Public Health and its stakeholders and partners provide equitable opportunities to be healthy throughout their lifetimes and are accountable to making measurable improvements toward health equity.

The community engagement process reflects, in particular, one of the guiding principles that upholds the vision:

No one entity can advance health equity in isolation. A multi-sector and community engaged approach is necessary in order to effectively understand the interconnected social determinants that impact health, and effectively address the practices, policies, and systems that support them.

The Process of Community Engagement

In support of the SHA, *Community Engagement: A Companion Document* is a summary of what was learned through the engagement process. Along with a cross-disciplinary team of internal and external stakeholders who participated in developing a vision for a healthy Connecticut, community members were provided opportunities to contribute to the development of the SHA through a structured process of engagement. Importantly, the Companion Document will directly inform both the SHIP and *Healthy Connecticut 2025*.

The SHA collected data and feedback from Connecticut residents and partners in several ways: a community survey and related in-person interviews; targeted focus groups with priority populations of interest; public and partner input solicited through social media and targeted presentations during a public comment period.

The Structure of the Companion Document

The companion document is organized into three sections. Each section corresponds to the means of engagement and contains references to appendices with copies of relevant supporting documents, such as announcements seeking input, the survey tools used, and acknowledgments of students and participants who were instrumental in gathering diverse community perspectives.

- I. **Community Health Priority Survey (all reference documents in Appendix A)**
- II. **Community Focus Groups (all reference documents in Appendix B)**
- III. **Public and Partner Input (all reference documents in Appendix C)**

I. Community Health Priority Survey

To gather broad input from as many Connecticut residents as possible, CT DPH developed a 28-question Community Health Priority Survey (See **Partner Survey Recruitment Request** and **Community Health Priority Survey** in **Appendix A**) to identify health issue priorities for their communities. The survey, available both in English and Spanish, was conducted anonymously to encourage respondents to share openly their opinions about community needs and weigh in on where Connecticut should prioritize resources to improve the health of their community. Surveys were distributed online through the SHIP Coalition, a diverse partnership of local, regional and statewide organizations and agencies that forwarded the survey to their networks and partners. Multiple social media posts on Twitter and Facebook were used to further broaden the outreach to members of the community.

Over 1,300 survey responses were collected, with at least one response from 85% of the 169 towns in the state. In addition to the online survey, in-person interviews with populations of focus were conducted using an abridged version of the full survey. This survey, also available in English and Spanish, consisted of the first 16 questions of the online survey. These in-person interviews were completed in collaboration with faculty and students from the University of Connecticut's School of Public Health. Through a formal supervised practicum, students participated in the interviews as well as the community focus described in the next section. See **2019 Connecticut Health Priority Survey Summary of Findings** in **Appendix A** for results of the survey.

Interviews were conducted with three populations of focus:

- Parents of children with special healthcare needs
- People receiving services from the Connecticut Department of Social Services
- Patients of Federally-Qualified Health Centers (FQHCs)

II. Community Focus Groups

Eleven focus groups were conducted by staff from CT DPH Public Health Systems Improvement (PHSI) and Office of Health Equity, with University of Connecticut students serving as facilitators. All facilitators received an orientation and were provided with structured discussion guide (See **Appendix B** for **CT Focus Group Discussion Guide & Notes Template**).

Through outreach to a range of community partners, DPH set out to understand how specific population groups within community perceive health and quality of life, to learn about their health needs and concerns and identify the community resources -- assets, programs, and services -- that are most important to them, and to invite them to envision a healthier future. This engagement process also served to strengthen relationships with members of our communities whose voices often are muted and input absent from planning and decision-making for the responsive allocation of resources. See **Appendix B** for **Summary Findings from the Community Focus Groups**.

While the list of populations is by no means exhaustive, the focus group discussions illustrate how individuals within these communities are impacted by dimensions of identity: race and ethnicity; language and literacy; gender; sexual orientation; age; family configuration; socioeconomic class; legal and citizenship status; developmental differences; and military service.

Populations represented in focus groups included:

- Aging Adults
- Black/African American Women
- Families Affected by Alzheimer’s
- Families Affected by Autism
- Families of Children with Special Health Care Needs
- Formerly Incarcerated Persons
- Hispanic Community
- Immigrants and Refugees
- LGBTQ Older Adults
- LGBTQ Younger Adults
- Veterans and their Families

III. Public and Partner Input

CT DPH held two data presentations with the Coalition and local health partners to share preliminary findings from the health assessment and solicit feedback on its development. Both presentations occurred in August 2019. See [Data Presentation to the SHIP Coalition](#) in **Appendix C**.

In addition, to ensure that the SHA report represents the perspectives and speaks to the most important needs of our state’s residents, CT DPH presented a draft of this assessment report on its website for a three-week public comment period in November 2019. Partners and residents were notified of the comment period through email announcements and social media posts. See [Announcement of Open Public Comment Period for the 2019 State Health Assessment](#) in **Appendix C**. Following the public input period, comments were reviewed and incorporated into the report where relevant. See [Summary of Public Comments from the Public Input Period](#) in **Appendix C**.

Appendix A: Reference Documents for the Community Health Priority Survey

Partner Survey Recruitment Request

Dear Partner,

I am writing to request your assistance in distributing the Connecticut Community Health Priority Survey to your constituents.

The Connecticut Department of Public Health is updating its State Health Assessment, which is a document that helps shape future health policy and programming for the state. As part of this effort, the Department is inviting its partners and community organizations to help us gather input from residents about what health issues are priorities for their communities. The online Community Health Priority Survey is anonymous and provides all Connecticut residents the opportunity to share their opinions about community needs, as well as give them the opportunity to weigh in on where Connecticut should prioritize resources to improve the health of their community.

Would you assist us in gathering this important feedback from community members? Staff in your organization who are Connecticut residents are also welcome to take the survey. Below we provide sample language for you to use in sharing the survey announcement. The survey opens February 20 and closes on March 15. The survey is available in English and Spanish. We are asking our partners to distribute the survey beginning on February 20 with one follow up request at the beginning of March.

Thank you for being part of this important effort!

SAMPLE LANGUAGE FOR DISTRIBUTION TO STATE RESIDENTS

The Connecticut Department of Public Health invites all Connecticut residents to participate in a short survey to learn about the health priorities of people living in Connecticut.

The Community Health Priority Survey is part of an effort by the Connecticut Department of Health to identify what health issues are important to residents. Information collected through this survey will help the Connecticut Department of Public Health learn what programs or services may be needed in the future to help improve the health of people living in Connecticut. Results from this survey will be reported as part of Connecticut's 2019 State Health Assessment, an official report that is part of Connecticut's public health accreditation activities.

If you are a Connecticut resident, please consider taking this survey. This survey is anonymous and voluntary. It does not ask for your name or address. The survey takes about 5-10 minutes to complete. It is available in English and Spanish. The survey closes on **Friday, March 15, 2019**.

On behalf of [NAME OF ORGANIZATION/AGENCY], thank you for providing feedback to help improve the health of your community and Connecticut! Please feel free to forward this email to other members of your community to take the survey. Their input is welcome!

Appendix A: Reference Documents for the Community Health Priority Survey

Connecticut Community Health Priority Survey

The Connecticut Department of Public Health is conducting an assessment to learn about the health priorities of people living in Connecticut. As part of the assessment, this survey is being given to people who live in Connecticut to identify what health issues are important in your community. Information collected through this survey will help the Connecticut Department of Public Health learn what programs or services may be needed in the future to help improve the health of people living in Connecticut. Results from this survey will be summarized and presented in Connecticut’s next State Health Assessment report.

This survey is anonymous. It does not ask for your name or address. This survey is also voluntary. You can stop taking it at any time. All the questions are optional. This survey should take about 5-10 minutes to complete. Thank you for providing feedback to help improve the health of Connecticut! We ask that you complete this survey by **Friday, March 22, 2019**. At the end of the survey, you have the option to share the survey link. Please feel free to invite other members of your community to take the survey. Their input is welcome! Thank you for participating!

About Your Community’s Health

This section asks about the health issues impacting your community as a whole.

1. In general, how would you rate the overall health of the community where you live?

- Excellent Fair
- Very good Poor
- Good

2. Please select the TOP HEALTH CONCERNS that are impacting the community where you live.

- Access to primary care providers
- Aging health concerns (arthritis, osteoporosis, dementia, Alzheimer’s, etc.)
- Cancer
- Cardiovascular disease or heart disease
- Children’s health concerns
- Chronic health conditions (obesity, diabetes, hypertension, high cholesterol, etc.)
- Dental and oral health
- Disabilities (physical or cognitive)
- Drug use (alcohol, marijuana, prescription drugs, illicit drugs, etc.)
- Infectious diseases (e.g. pneumonia, flu, pertussis, Hepatitis C)
- Injuries (e.g. car accidents, falls, concussion)
- Mental health issues (e.g. anxiety, depression, suicide)
- Respiratory issues (e.g. asthma, COPD, emphysema)
- Sexually transmitted infections (e.g. HIV/AIDS, chlamydia, gonorrhea)
- Tobacco use or cigarette smoking
- Women’s health issues (e.g., prenatal/maternal health, reproductive health, etc.)

3. Please indicate how much of a concern each of the following chronic health conditions are for the community in which you live.

	Not a Concern	Slight Concern	Moderate Concern	High Concern	Don’t Know/Not Sure
a) Asthma, COPD, or Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Diabetes or high blood sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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e) Heart disease or heart attack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Hypertension or high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Overweight/obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Chronic liver disease/cirrhosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please indicate how much of a concern each of the following mental health conditions are for the community in which you live.

	Not a Concern	Slight Concern	Moderate Concern	High Concern	Don't Know/Not Sure
a) Anxiety or panic disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Depression or Bipolar disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Experience of trauma or post-traumatic stress disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) General stress of day-to-day life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Social isolation or loneliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Stigma associated with seeking care for mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Suicidal thoughts and/or behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Please indicate how much of a concern each of the following substance use issues are for the community in which you live.

	Not a Concern	Slight Concern	Moderate Concern	High Concern	Don't Know/Not Sure
a) Alcohol abuse or binge drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Stigma associated with seeking care for alcohol or drug addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Opioid misuse (e.g., prescription pain killers, heroin, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Tobacco use or smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Vaping or e-cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Marijuana use for medical reasons (i.e., prescribed by a physician)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Recreational marijuana use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Other illicit drug use (cocaine, ecstasy, meth, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Are there any other HEALTH CONDITIONS, MENTAL HEALTH, OR SUBSTANCE USE ISSUES – not listed previously – that are of high concern for the community in which you live?

- No
- Yes, please specify: _____
-

Appendix A: Reference Documents for the Community Health Priority Survey

Social Issues

This section asks about the social issues that can sometimes impact a person’s ability to be healthy.

7. Please select the TOP SOCIAL CONCERNS that are impacting the community in which you live.

- Access to affordable and healthy food
- Access to healthcare services
- Community engagement (e.g., social connections, civic participation, community programming)
- Discrimination (based on race, ethnicity, language, gender, sexual orientation, etc.)
- Educational opportunities
- Employment opportunities
- Environment (e.g., public spaces and parks, water and air quality, quality of housing and residential properties, sidewalk conditions, excessive litter and graffiti)
- Housing insecurity or homelessness
- Poverty
- Incarceration
- Access to transportation
- Violence and crime
- Child safety or stability
- School absenteeism

8. Please indicate how much of a concern the following housing and economic issues are for the community in which you live.

	Not a Concern	Slight Concern	Moderate Concern	High Concern	Don't Know/Not Sure
a) Housing costs and issues associated with <u>home ownership</u> (e.g. mortgage payments, property taxes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Housing costs and issues associated with <u>renting</u> (e.g., rent payments, evictions, housing conditions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Availability of affordable housing for older adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Housing quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Cost of utilities (e.g. heat, electricity, water)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Cost of healthy food options (e.g. full-service grocery stores, farmer’s markets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Cost of child care (e.g. in-home, center-based, or after school care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Availability of educational opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Availability of employment opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Please indicate how much of a concern the following transportation issues are for the community in which you live.

	Not a Concern	Slight Concern	Moderate Concern	High Concern	Don't Know/Not Sure
a) Transportation to medical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Transportation to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Transportation to obtain basic needs (e.g. grocery shopping, social activities, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Availability of public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Availability of transportation for older adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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f) Availability of transportation for individuals with physical or cognitive disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Traffic congestion – Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Traffic congestion – Fall, Winter, Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Please indicate how much of a concern the following environment and safety issues are for the community in which you live.

	Not a Concern	Slight Concern	Moderate Concern	High Concern	Don't Know/Not Sure
a) Air quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Water quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Healthy homes (e.g. indoor air quality, pests, lead, mold)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Availability of healthy food options (e.g. full-service grocery stores, farmer's markets, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Opportunities for physical activity (e.g. affordable gyms, public walking paths, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Pedestrian or bicycle safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Property crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Community violence (e.g. gangs, guns, street crime)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Interpersonal violence (e.g. domestic violence, sexual violence, bullying)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Are there other SOCIAL ISSUES – not listed previously – that are of high concern to you, your family, or for the community where you live?

- No
- Yes, please specify: _____

About the Healthcare Services in Your Community

This question is about your opinion on the availability of healthcare services in your community.

13. Please think about the different types of healthcare services in your community. How easy or hard is it to access the following health care services in your community?

	Very Easy	Easy	Neither Easy or Hard	Hard	Very Hard	Don't know/Not Sure
a) Alcohol or drug treatment services for adults (age 18+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Alcohol or drug treatment services for youth (under age 18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Cancer care/treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Cancer screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Counseling or mental health care for adults (age 18+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Counseling or mental health care for children/adolescents (under 18 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Dental or oral health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Emergency department services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Health or medical services for children or adolescents (<18 yrs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Health or medical services for seniors (age 65+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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k) Health or medical services for women (e.g. reproductive health, pregnancy, breast health, pelvic health)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Hospital services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Outpatient services, lab work or radiology (e.g. X-rays, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Physical therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Primary care physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Specialty care (e.g. orthopedics, cardiology, dermatology, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Urgent care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Vision services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Culturally competent services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About the Priorities in Your Community

This section asks about your opinion on what issues or concerns should be a priority in our community.

14. Please select the **TOP HEALTHCARE SERVICES** you feel should be a priority in your community.

- Alcohol or drug prevention and treatment services
- Cancer screening, diagnostics, and treatment services
- Counseling or mental health services
- Healthcare services available to low income individuals
- Health/medical services that are close by and easy to get to
- Health/medical services that are open more hours/days
- Healthcare services focused on seniors (65+)
- Healthcare services focused on children and adolescents (under 18 years)
- Healthcare services focused on women's health issues (e.g., pregnancy, well-visits, pelvic health)
- Help for patients to navigate the healthcare system
- Oral health/dental providers
- Outpatient services such as for blood work or radiology (e.g. X-rays, MRIs)
- Programs or services focusing on prevention or management of chronic diseases (e.g. heart disease, cancer, etc.)
- Programs or services focused on physical activity, nutrition, or obesity/weight control
- Programs or services focusing on wellness like meditation, yoga, or acupuncture
- Programs or services to help people quit smoking
- Providers/staff that speak languages other than English
- Specialty care services (cardiology, orthopedics, dermatology)
- Technology that can help patients monitor and maintain health (e.g., health apps for smartphones)
- Transportation to area health/medical services
- Urgent care services

15. Are there other **HEALTHCARE SERVICES** – not listed previously – you feel should be a priority in your community?

- No
- Yes, please specify: _____

16. Please select the **TOP SOCIAL AND HUMAN SERVICES** you feel should be a priority in your community.

- Child care services
- Community-wide activities (e.g., classes or programs for youth or families, library programming, etc.)
- Educational support services (including language services, early childhood, etc.)
- Employment services (including job training and readiness)

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- Exercise and physical activity opportunities
- Financial assistance services
- Food services (including food stamps, nutrition education and support, etc.)
- Housing services (including services for the homeless or housing insecure)
- Legal Services (e.g. legal assistance, education on rights, access to information)
- Memory care services (e.g., services for dementia and Alzheimer's)
- Services for individuals with physical or cognitive disabilities
- Services for youth
- Support and services to older adults to maintain independent living
- Transportation services

About You

This final section asks questions related to your demographic characteristics. This information will help us understand the backgrounds of residents that took this survey and help the Connecticut Department of Public Health understand the needs of the state's diverse population. As a reminder, all questions on the survey are optional.

17. In which city or town do you live? _____

18. What is your ethnicity?

- Hispanic, Latino/a, or Spanish origin (e.g., Mexican or Mexican American, Puerto Rican, Cuban, Salvadorian, etc.)
- Not Hispanic or Latino/a, or Spanish origin
- Prefer not to answer

19. Which category best describes you? (Please check all that apply.)

- White (for example, German, Irish, English, Italian, Polish, French, etc.)
- Black or African American (e.g. African American, Jamaican, Haitian, Nigerian, Ethiopian, Somalian, etc.)
- Asian (e.g. Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, etc.)
- American Indian or Alaskan Native (e.g. Wampanoag, Navajo, Blackfeet, Mayan, Aztec, Nome Eskimo, etc.)
- Middle Eastern or North African (e.g. Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian, etc.)
- Native Hawaiian or other Pacific Islander (e.g. Native Hawaiian, Samoan, Tongan, Fijian, Marshallese, etc.)
- Other race, ethnicity, or origin
- Prefer not to answer

20. What is your age at the time of this survey? _____

21. What is your gender?

- Male
- Female
- Transgender
- Other _____
- Prefer not to answer

22. Are you a veteran?

- Yes
- No
- Prefer not to answer

23. Which of the following best describes your current living situation? (Check one)

- Live in an apartment/condo/house that I own
- Live in an apartment/condo/house that I rent
- Live in a seasonal rental
- Live in a family member's home
- Live in a shelter
- Homeless
- Prefer not to answer
- Other, specify: _____

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24. Which of the following best describes your current employment status? (Please check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Employed for wages year-round | <input type="checkbox"/> Caregiver |
| <input type="checkbox"/> Self-employed year-round | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Seasonally employed (not year-round) | <input type="checkbox"/> Unable to work |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Homemaker / Stay-at-home parent | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Student | |

25. Do you currently have caregiving responsibilities? Please check all that apply.

- Yes, I am a parent or legal guardian to any children that are under the age of 18
- Yes, I have caregiving responsibilities for a person with cognitive or physical disabilities
- Yes, I have caregiving responsibilities for any person that is over the age of 50
- No, I do not have any caregiving responsibilities
- Prefer not to answer

26. What language is spoken MOST OFTEN in your home? [drop-down menu]

- | | |
|---|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Haitian Creole |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Hindi |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Portuguese | <input type="checkbox"/> German |
| <input type="checkbox"/> Polish | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> French | |

27. What is the highest grade or level of school you have completed? (If you're currently enrolled in school, please indicate the highest degree you have received.)

- | | |
|--|--|
| <input type="checkbox"/> Never attended school | <input type="checkbox"/> Associate degree (e.g. AA, AS) |
| <input type="checkbox"/> Less than high school diploma | <input type="checkbox"/> Bachelor's degree (e.g. BA, BS) |
| <input type="checkbox"/> High school degree or equivalent (e.g. GED) | <input type="checkbox"/> Graduate or Professional degree (e.g. MA, MS, MEd, MD, PhD) |
| <input type="checkbox"/> Vocational or trade school graduate | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Some college, no degree | |

28. What is your annual household income?

- | | |
|---|--|
| <input type="checkbox"/> Less than \$25,000 | <input type="checkbox"/> \$100,000 to \$150,999 |
| <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> \$151,000 to \$199,999 |
| <input type="checkbox"/> \$35,000 to \$49,999 | <input type="checkbox"/> \$200,000 or more |
| <input type="checkbox"/> \$50,000 to \$74,999 | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> \$75,000 to \$99,999 | <input type="checkbox"/> I don't know or don't want to say |

Thank You for Participating!

Thank you for providing feedback to help improve the health of Connecticut! Please feel free to invite other members of your community to take the survey by clicking the share link below. The more opinions we get from state residents, the better our assessment will be!

2019 CT Community Health Priority Survey Results

BACKGROUND and METHODOLOGY

Survey

The Community Health Priority Survey was developed by the CT DPH and comprised questions about health and social concerns in the community where respondents reside. Questions included health concerns (chronic conditions, mental health, substance use), social concerns (housing, economics, transportation, environment, safety), healthcare services (accessibility and priority areas), and social services (priority areas).

Sample and Demographics

The survey was made available online to Connecticut residents through posting on the Department of Public Health website. Several partner organizations also distributed the link to the survey via email communication. The online survey was conducted in English and Spanish over an eight-week period. An abbreviated version of the survey in English and Spanish was developed for in-person administration by public health students at the University of Connecticut.

A total of 1,678 Connecticut residents completed the survey (N=1388 full version and N=290 short version). For the former, about half lived in either Hartford County or New Haven County. Respondents were predominantly female (81%). Over 75% reported being non-Hispanic White, 13% Hispanic (multiple races), 6.6% non-Hispanic Black, and 4% Other non-Hispanic race. A plurality of respondents obtained a graduate or professional degree (42%), and a majority owned their own homes (70%) and were employed full-time (63%). For more details on the characteristics of the survey respondents, see the supplemental tables.

Because convenience sampling was used and data were collected from those who were readily available and willing to participate, findings may not be generalizable to the larger population or to specific subpopulations of Connecticut residents. Notably, over 80% of the sample were women and over 40% had graduate or professional degrees. However, such non-representativeness is not as detrimental in a survey such as this, with questions asking about health and services in communities, rather than for accurate prevalence estimates about individuals.

KEY FINDINGS

Survey results are presented for the overall sample and stratified by county. For detailed results, as well as for those stratified by gender, race/ethnicity, and age, please see the Supplemental Tables.

Overall Health of the Community

- Respondents were asked to rate the overall health of the community where they live.
- Most respondents rated their community’s health as Good, with a roughly normal distribution of other responses, see Figure 1.
- There was some variation by county, with respondents of New Haven and Windham more likely to endorse Poor community health and respondents of Fairfield and Middlesex more likely to endorse Excellent health, see Figure 2.

Figure 1. Overall Community Health



Appendix A: Reference Documents for the Community Health Priority Survey

Figure 2. Community Health, All and by County



Health Concerns

- Participants were asked about the top health concerns in the community in which they live. Of 16 possible options, the most respondents from every county in the state rated mental health as a top concern (Table 1).
- In Hartford, Litchfield, Middlesex, New Haven, and Windham Counties, drug use was the next most cited concern, while in Fairfield, New London, and Tolland Counties, chronic health conditions were second.
- Top health concerns did not vary by gender, with women and men both endorsing mental health, drug use, chronic health conditions, aging health concerns, and cancer as the top five greatest concerns in their communities, see Table 2.
- Response patterns were similar across Race and Ethnic with the inclusion of cardiovascular or heart disease among Hispanic respondents; sexually transmitted infections and women’s health issues for non-Hispanic Black respondents; and aging health concerns for the Asian and other non-Hispanic respondents, see Table 3.
- When reviewing responses by age group, mental health, drug use, and chronic health conditions are top concerns across all age groups, see Table 4. Tobacco use or cigarette smoking rises in all three age groups from 18-44 years old. Women’s health issues rises for 25-34 year olds. Cancer is included as a concern for both the 35-44 and the 44-54 year old groups. Aging health concerns shows as a top concern for 45-54 year olds.

Table 1. Top Health Concerns by County

Fairfield County	Hartford County	Litchfield County	Middlesex County
Mental health	Mental health	Mental health	Mental health
Chronic health conditions	Drug use	Drug use	Drug use
Drug use	Chronic health conditions	Aging health concerns	Aging health concerns
Aging health concerns	Aging health concerns	Chronic health conditions	Chronic health conditions
Cardiovascular or heart disease	Tobacco use or cigarette smoking	Access to primary care services	Cancer

Appendix A: Reference Documents for the Community Health Priority Survey

New Haven County	New London County	Tolland County	Windham County
Mental health	Mental health	Mental health	Mental health
Drug use	Chronic health conditions	Chronic health conditions	Drug use
Chronic health conditions	Drug use	Aging health concerns	Chronic health conditions
Aging health concerns	Aging health concerns	Drug use	Tobacco use or cigarette smoking
Tobacco use or cigarette smoking	Cancer	Cancer	Access to primary care services

Table 2. Top Health Concerns by Gender

Male	Female
Mental health	Mental health
Drug use	Drug use
Chronic health conditions	Chronic health conditions
Aging health concerns	Aging health concerns
Cancer	Cancer

Table 3. Top Health Concerns by Race/Ethnicity

NH White	Hispanic	NH Black	Asian/NH Other
Mental health	Drug use	Mental health	Mental health
Drug use	Chronic health conditions	Chronic health conditions	Chronic health conditions
Chronic health conditions	Mental health	Drug use	Drug use
Aging health concerns	Tobacco use or cigarette smoking	Tobacco use or cigarette smoking	Aging health concerns
Cancer	Cardiovascular or heart disease	Sexually transmitted infections (tie for 5th)	Access to primary care services
		Women's health issues (tie for 5th)	

Table 4. Top Health Concerns by Age Group

18-24	25-34	35-44	45-54
Chronic health conditions	Mental health	Mental health	Mental health
Mental health	Drug use	Drug use	Drug use
Drug use	Chronic health conditions	Chronic health conditions	Chronic health conditions
Tobacco use or cigarette smoking	Tobacco use or cigarette smoking	Tobacco use or cigarette smoking	Aging health concerns
**	Women's health issues	Cancer	Cancer

**Number of responses less than 10

Appendix A: Reference Documents for the Community Health Priority Survey

Concern for Chronic Health Conditions

- Participants were also asked to rate how serious a concern various health issues were in their communities. For chronic health conditions, most participants rated cancer, heart disease, overweight/obesity, hypertension, and diabetes as top concerns, see Figure 3.

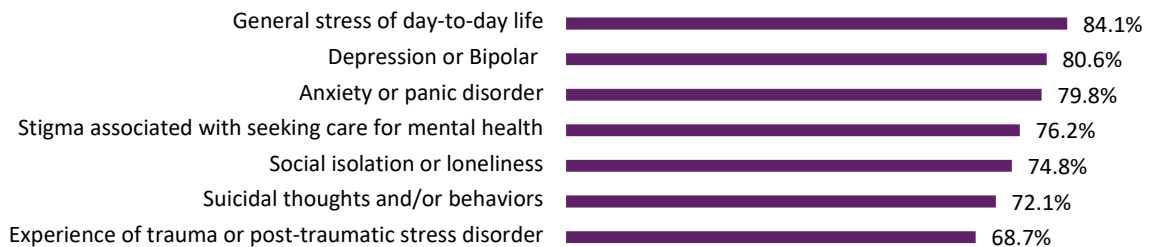
Figure 3. Chronic Health Conditions of 'Moderate' or 'High' Concern



Concern for Mental Health Conditions

- For mental health, most participants rated daily stress, depression, and anxiety as top concerns, see Figure 4.

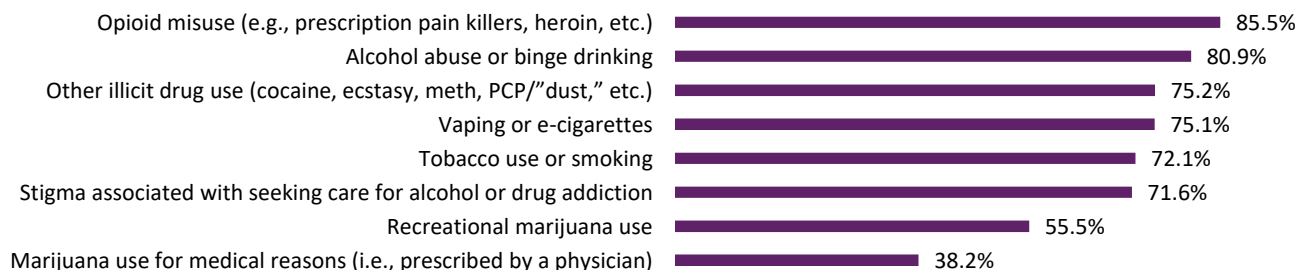
Figure 4. Mental Health Conditions of 'Moderate' or 'High' Concern



Concern for Substance Use Issues

- For substance use, most participants rated opioid misuse, alcohol abuse, other illicit drug use, and vaping as top concerns, see Figure 5.

Figure 5. Substance Use Issues of 'Moderate' or 'High' Concern



Health Services

- Survey respondents were asked to identify the top health care services that should be a priority in their communities.

Appendix A: Reference Documents for the Community Health Priority Survey

- Similar to responses for top health concerns, participants in all Connecticut counties most commonly endorsed counseling and mental health services as top community priorities. There was some variation in other priorities among counties in the top five concerns, see Table 5.
- Slight variations were seen within gender, race/ethnicity and age categories. See Tables 6, 7 & 8.

Table 5. Top Health Service Priorities by County

Fairfield County	Hartford County	Litchfield County	Middlesex County
Counseling or mental health	Counseling or mental health	Counseling or mental health	Counseling or mental health
Physical activity, nutrition, obesity/weight control	Alcohol or drug prevention and treatment	Transportation to area health/medical services	Physical activity, nutrition, obesity/weight control
Help navigating healthcare system	Services available to low income individuals	Alcohol or drug prevention and treatment	Alcohol or drug prevention and treatment (tie for 3rd)
Chronic disease prevention or management	Physical activity, nutrition, obesity/weight control	Help navigating healthcare system (tie for 4th)	Transportation to area health/medical services (tie for 3rd)
Services available to low income individuals	Help navigating healthcare system	Physical activity, nutrition, obesity/weight control (tie 4th)	Chronic disease prevention or management

New Haven County	New London County	Tolland County	Windham County
Counseling or mental health	Counseling or mental health	Counseling or mental health	Counseling or mental health
Alcohol or drug prevention and treatment	Physical activity, nutrition, obesity/weight control (tie for 2nd)	Alcohol or drug prevention and treatment	Transportation to area health/medical services
Help navigating healthcare system	Chronic disease prevention or management (tie for 2nd)	Chronic disease prevention or management	Alcohol or drug prevention and treatment
Services available to low income individuals	Help navigating healthcare system	Help navigating healthcare system	Help navigating healthcare system
Physical activity, nutrition, obesity/weight control	Services available to low income individuals	Physical activity, nutrition, obesity/weight control	Urgent care services

Table 6. Top Health Service Priorities by Gender

Male	Female
Counseling or mental health	Counseling or mental health
Help navigating healthcare system	Alcohol or drug prevention and treatment
Alcohol or drug prevention and treatment	Physical activity, nutrition, obesity/weight control
Physical activity, nutrition, obesity/weight control	Help navigating healthcare system
Services available to low income individuals	Chronic disease prevention or management

Appendix A: Reference Documents for the Community Health Priority Survey

Table 7. Top Health Service Priorities by Race/Ethnicity

NH White	Hispanic	NH Black	Asian/NH Other
Counseling or mental health	Providers/staff that speak languages other than English	Physical activity, nutrition, obesity/weight control	Counseling or mental health
Alcohol or drug prevention and treatment	Services available to low income individuals	Services available to low income individuals (tie for 2nd)	Help navigating healthcare system
Help navigating healthcare system	Counseling or mental health (tie for 3rd)	Chronic disease prevention or management (tie for 2nd)	Alcohol or drug prevention and treatment (tie for 3rd)
Physical activity, nutrition, obesity/weight control	Physical activity, nutrition, obesity/weight control (tie for 3rd)	Transportation to area health/medical services	Services available to low income individuals (tie for 3rd)
Chronic disease prevention or management	Alcohol or drug prevention and treatment	Health/medical services close by and easy to get to (tie for 5th)	Physical activity, nutrition, obesity/weight control
		Counseling or mental health (tie for 5th)	

Table 8. Top Health Service Priorities by Age

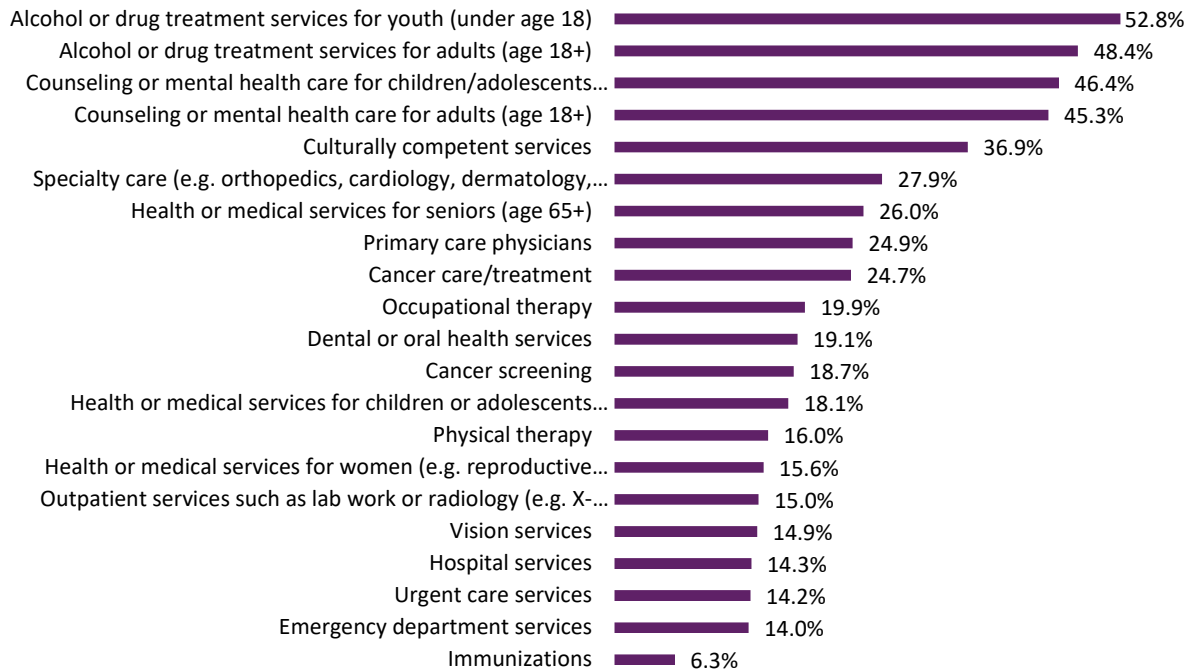
18-24	25-34	35-44	45-54
Alcohol or drug prevention and treatment	Counseling or mental health	Counseling or mental health	Counseling or mental health
Counseling or mental health (tie for 2nd)	Physical activity, nutrition, obesity/weight control	Alcohol or drug prevention and treatment	Alcohol or drug prevention and treatment
Help navigating healthcare system	Alcohol or drug prevention and treatment	Physical activity, nutrition, obesity/weight control	Help navigating healthcare system
Providers/staff that speak languages other than English (tie for 4th)	Help navigating healthcare system	Chronic disease prevention or management	Physical activity, nutrition, obesity/weight control (tie for 4th)
Services available to low income individuals (tie for 4th)	Services available to low income individuals	Services available to low income individuals	Chronic disease prevention or management (tie for 4th)

Health Services Access

- Participants were asked about the perceived difficulty of accessing various health services in their communities. A majority endorsed youth alcohol and drug treatment services as being “hard” or “very hard” to access. Also noted was adult alcohol and drug treatment, and youth and adult counseling/mental health services (Figure 6).
- Again, results are consistent with mental health and substance use being top community concerns across all counties in CT.

Appendix A: Reference Documents for the Community Health Priority Survey

Figure 6. Health Care Services Perceived as 'Hard' or 'Very Hard' to Access



Social Concerns

- Participants were also asked which social concerns were most impacting their communities. Unlike with health concerns, top concerns varied considerably between counties, see Table 9.
- The greatest number of participants in Fairfield and New Haven were concerned with employment opportunities. In Litchfield and New London, transportation was the most cited concern. In Middlesex and Tolland, community engagement (tied with access to healthy food in Middlesex); in Hartford, housing insecurity; and in Windham, poverty.
- There was variation by race/ethnicity and age in concern about social issues, see Table 10. Discrimination was the second most cited concern for non-Hispanic Blacks, and fifth for Hispanics, while it did not make the top five for non-Hispanic Whites and Asians/Other. Access to affordable healthy food was a top concern for all groups except Asians/Other, and community engagement was a concern for all groups but Hispanics.

Table 9. Top Social Concerns by County

Fairfield County	Hartford County	Litchfield County	Middlesex County
Employment opportunities	Housing insecurity or homelessness	Transportation	Community engagement (tie for 1st)
Access to affordable and healthy food	Employment opportunities	Employment opportunities	Access to affordable and healthy food (tie for 1st)
Environment	Poverty	Access to healthcare services	Employment opportunities
Housing insecurity or homelessness	Community engagement	Access to affordable and healthy food	Transportation
Poverty	Environment	Community engagement	Environment

Appendix A: Reference Documents for the Community Health Priority Survey

New Haven County	New London County	Tolland County	Windham County
Employment opportunities	Transportation	Community engagement	Poverty
Community engagement	Housing insecurity or homelessness	Transportation	Transportation
Environment	Employment opportunities	Employment opportunities	Employment opportunities
Housing insecurity or homelessness	Access to affordable and healthy food	Access to healthcare services	Access to affordable and healthy food
Poverty	Environment	Access to affordable and healthy food	Access to healthcare services

Table 10. Top Social Concerns by Race/Ethnicity

NH White	Hispanic	NH Black	Asian/NH Other
Employment opportunities	Employment opportunities	Employment opportunities	Environment
Transportation	Access to affordable and healthy food (tie for 2nd)	Discrimination	Community engagement
Community engagement	Poverty (tie for 2nd)	Community engagement (tie for 3rd)	Transportation
Access to affordable and healthy food	Housing insecurity or homelessness	Access to affordable and healthy food (tie for 3rd)	Employment opportunities
Housing insecurity or homelessness	Discrimination	Transportation	Access to healthcare services (tie for 5th)
			Housing insecurity or homelessness (tie for 5th)
			Poverty (tie for 5th)

Table 11. Top Social Concerns by Gender

Male	Female
Employment opportunities	Employment opportunities
Community engagement	Access to affordable and healthy food
Environment	Transportation
Transportation	Housing insecurity or homelessness
Poverty	Community engagement

Table 12. Top Social Concerns by Age

18-24	25-34	35-44	45-54
Violence and crime	Employment opportunities	Employment opportunities	Employment opportunities
Access to affordable and healthy food	Access to affordable and healthy food	Community engagement	Transportation
Community engagement (tie for 3rd)	Environment	Access to affordable and healthy food	Poverty
Discrimination (tie for 3rd)	Community engagement	Environment	Community engagement
Employment opportunities (tie for 3rd)	Housing insecurity or homelessness	Poverty	Access to affordable and healthy food
Housing insecurity or homelessness (tie for 3rd)			
Poverty (tie for 3rd)			

Appendix A: Reference Documents for the Community Health Priority Survey

Degree of Concern for Social Issues

- When asked about specific concerns about housing and economic issues, most respondents state-wide endorsed cost of utilities, housing costs, and child care costs as concerns in their communities, see Figure 7. There was considerable variation in top concerns by race/ethnicity and county, see supplemental tables.
- Regarding transportation, the most respondents selected availability for older adults and those with disabilities as top concerns, see Figure 8.
- Regarding environmental and safety issues, the most respondents selected interpersonal violence, pedestrian/bicycle safety, and healthy homes as top concerns, see Figure 9.

Figure 7. Housing and Economic Issues of of 'Moderate' or 'High' Concern

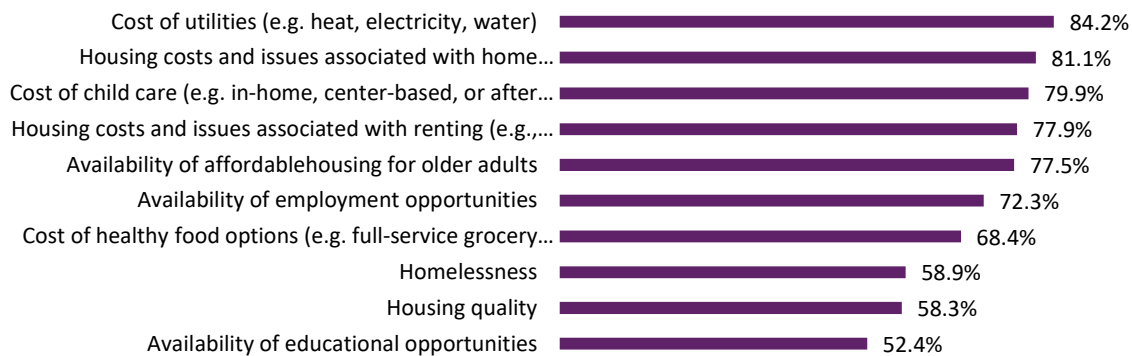


Figure 8. Transportation Issues of 'Moderate' or 'High' Concern

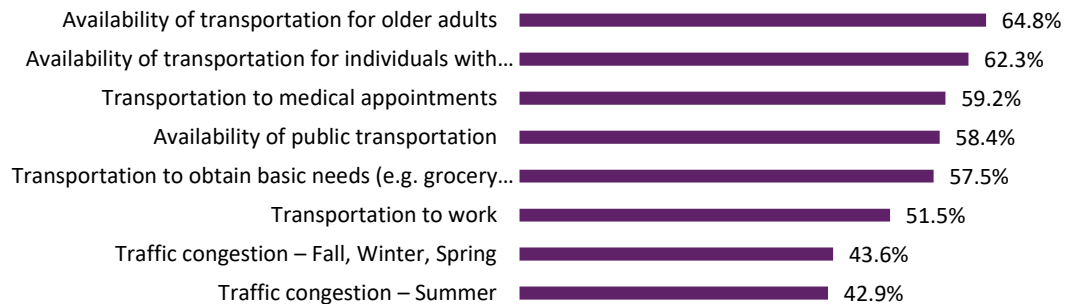
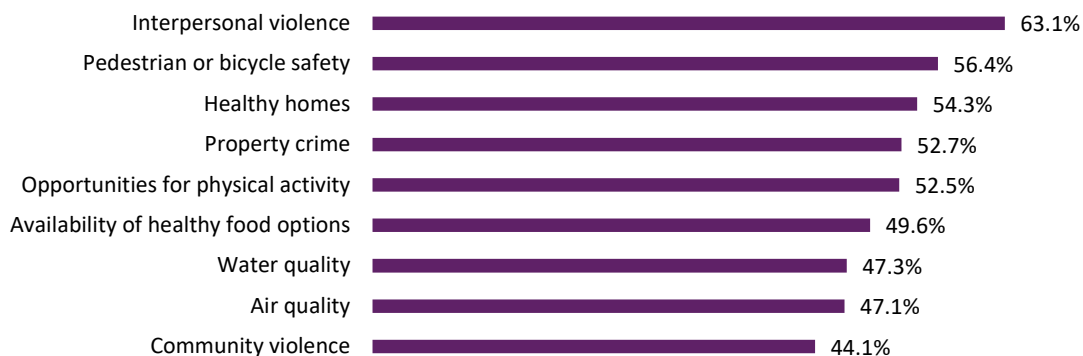


Figure 9. Environmental and Safety Issues of 'Moderate' or 'High' Concern



Appendix A: Reference Documents for the Community Health Priority Survey

Social Service Priorities

- In most counties (Hartford, Middlesex, New Haven, New London, and Tolland), most participants endorsed support and services for older adults as a top community priority, see Table 13. Litchfield and Windham respondents endorsed transportation services, and Fairfield respondents endorsed physical activities.
- All racial/ethnic groups except Asians/Other cited housing services as a top social services priority, all groups except non-Hispanic Blacks cited physical activity as a priority, and all groups except Hispanics cited youth services as a top priority, see Table 14. All racial/ethnic groups endorsed employment services as a top community priority.
- By gender, both men and women endorsed support and services for older adults as a top social services priority, see Table 15
- Variation by age group largely reflect age-specific social service needs, see Table 16. Housing services, employment services, and services for youth were also common in counties' top five priorities.

Table 13. Top Social Service Priorities by County

Fairfield County	Hartford County	Litchfield County	Middlesex County
Exercise and physical activities	Support and services for older adults	Transportation services	Support and services for older adults
Support and services for older adults	Housing services	Support and services for older adults	Exercise and physical activities
Employment services	Services for youth	Housing services (tie for 3rd)	Transportation services
Community-wide activities	Child care services (tie for 4th)	Services for youth (tie for 3rd)	Housing services
Housing services	Exercise and physical activities (tie for 4th)	Exercise and physical activities	Memory care services

New Haven County	New London County	Tolland County	Windham County
Support and services for older adults	Support and services for older adults	Support and services for older adults	Transportation services
Housing services	Housing services	Transportation services	Employment services
Employment services	Community-wide activities	Community-wide activities (tie for 3rd)	Housing services
Services for youth	Employment services (tie for 4th)	Exercise and physical activities (tie for 3rd)	Support and services for older adults
Financial assistance services	Transportation services (tie for 4th)	Child care services	Services for individuals with physical or cognitive disabilities (tie for 5th)
			Financial assistance services (tie for 5th)

Appendix A: Reference Documents for the Community Health Priority Survey

Table 14. Top Social Service Priorities by Race/Ethnicity

NH White	Hispanic	NH Black	Asian/NH Other
Support and services for older adults	Housing services	Housing services	Exercise and physical activities
Housing services	Educational support services (tie for 2nd)	Financial assistance services	Services for youth
Transportation services	Employment services (tie for 2nd)	Child care services (tie for 3rd)	Community-wide activities (tie for 3rd)
Exercise and physical activities	Exercise and physical activities (tie for 2nd)	Employment services (tie for 3rd)	Employment services (tie for 3rd)
Employment services (tie for 5th)	Financial assistance services (tie for 2nd)	Services for youth (tie for 3rd)	Child care services
Services for youth (tie for 5th)			

Table 15. Top Social Service Priorities by Gender

Male	Female
Support and services for older adults	Support and services for older adults
Exercise and physical activities	Housing services
Employment services	Exercise and physical activities
Services for individuals with physical or cognitive disabilities	Services for youth
Transportation services	Transportation services

Table 16. Top Social Service Priorities by Age Category

18-24	25-34	35-44	45-54
Employment services	Child care services	Services for youth	Housing services
Exercise and physical activities (tie for 2nd)	Housing services	Child care services	Support and services for older adults
Housing services (tie for 2nd)	Employment services	Community-wide activities	Services for youth
Services for youth (tie for 2nd)	Community-wide activities (tie for 4th)	Exercise and physical activities	Employment services
Food services	Exercise and physical activities (tie for 4th)	Housing services	Exercise and physical activities

CONCLUSIONS

The 2019 Connecticut Community Health Priority Survey provides a snapshot of the top perceived concerns and priorities among community members across the State of Connecticut. Mental health and substance use, and associated services stood out as the top priority in the State, largely consistently in strata defined by county, race/ethnicity, gender, and age. Survey respondents largely cited the leading causes of morbidity and mortality in the U.S. as their top chronic health concerns (i.e. cancer, heart disease, overweight/obesity). General stress and opioid use were the most cited concerns for mental health and substance use. Even with the current low unemployment rate in the U.S, employment opportunities were cited as a top social concern across strata. Housing and housing-related costs were a top concern for social issues. A variety of social services were cited as priority areas for different groups.

Appendix A: Reference Documents for the Community Health Priority Survey

SUPPLEMENTAL TABLES

Question 3, *Chronic health conditions of moderate to high concern for the community in which you live –*

<i>BY COUNTY</i>	Fairfield		Hartford		Litchfield		Middlesex		New Haven		New London		Tolland		Windham	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Asthma, COPD, or Emphysema	90	72.6	160	70.5	37	69.8	72	74.2	150	73.2	72	79.1	32	68.1	36	83.7
Arthritis	80	64.5	135	60.5	41	78.8	74	74.0	136	66.3	66	70.2	34	70.8	21	53.8
Cancer	116	90.6	199	86.5	49	94.2	96	90.6	183	86.7	86	89.6	48	88.9	34	85.0
Diabetes or high blood sugar	112	88.9	192	80.3	49	86.0	87	83.7	184	86.8	83	85.6	40	80.0	37	88.1
Heart disease or heart attack	115	87.8	199	83.6	50	89.3	92	85.2	181	84.2	88	90.7	45	84.9	40	93.0
High cholesterol	109	83.2	178	76.7	45	83.3	81	84.4	156	77.2	75	82.4	40	76.9	35	81.4
Hypertension or high blood pressure	113	85.6	195	84.4	50	94.3	92	86.0	178	82.4	85	91.4	43	82.7	36	83.7
Overweight/obesity	115	85.2	211	87.2	50	84.7	88	81.5	197	88.7	92	90.2	43	79.6	39	86.7
Stroke	92	76.0	147	67.4	43	82.7	71	74.7	143	74.5	69	75.8	37	74.0	34	85.0
Chronic liver disease/cirrhosis	51	43.6	70	35.4	23	44.2	46	53.5	100	53.8	46	57.5	16	35.6	23	59.0

<i>BY RACE/ETHNICITY</i>	Non-Hispanic White		Hispanic		Non-Hispanic Black		Asian/Non-Hispanic Other	
	n	%	n	%	n	%	n	%
Asthma, COPD, or Emphysema	431	71.1	89	81.7	43	82.7	20	69.0
Arthritis	395	65.8	75	67.0	35	71.4	14	48.3
Cancer	550	88.6	95	87.2	51	92.7	26	89.7
Diabetes or high blood sugar	523	83.8	104	92.0	48	87.3	26	78.8
Heart disease or heart attack	552	86.9	97	86.6	47	83.9	25	86.2
High cholesterol	487	80.2	94	84.7	40	74.1	22	75.9
Hypertension or high blood pressure	540	86.1	97	85.8	50	87.7	23	74.2
Overweight/obesity	574	87.9	99	86.1	50	86.2	27	81.8
Stroke	423	72.8	80	77.7	41	77.4	16	66.7
Chronic liver disease/cirrhosis	219	40.5	71	71.0	29	63.0	11	44.0

Appendix A: Reference Documents for the Community Health Priority Survey

Question 3 continued

<i>BY GENDER</i>	Male		Female	
	n	%	n	%
Asthma, COPD, or Emphysema	108	62.8	540	75.6
Arthritis	105	60.7	481	67.9
Cancer	152	86.4	649	88.2
Diabetes or high blood sugar	154	84.6	625	84.6
Heart disease or heart attack	153	86.0	652	86.6
High cholesterol	130	77.8	588	81.1
Hypertension or high blood pressure	149	82.8	636	85.9
Overweight/obesity	157	87.2	672	86.2
Stroke	122	74.8	509	73.7
Chronic liver disease/cirrhosis	64	40.5	311	48.7

<i>BY AGE CATEGORY</i>	18-24		25-34		35-44		45-54		55-64		65+	
	n	%	n	%	n	%	n	%	n	%	n	%
Asthma, COPD, or Emphysema	17	68.0	86	71.7	119	68.8	120	75.9	141	73.8	113	73.9
Arthritis	12	48.0	63	53.8	102	59.6	101	66.0	138	72.6	129	80.1
Cancer	21	87.5	103	83.1	148	85.5	152	91.0	179	89.5	141	89.2
Diabetes or high blood sugar	23	85.2	105	84.0	146	82.0	144	88.3	165	81.7	145	89.5
Heart disease or heart attack	21	77.8	106	84.1	143	81.3	146	91.3	178	87.3	152	89.9
High cholesterol	21	77.8	97	75.8	134	78.4	129	82.7	154	81.5	129	80.6
Hypertension or high blood pressure	23	82.1	102	79.1	135	79.9	142	88.8	177	87.6	151	89.9
Overweight/obesity	22	81.5	112	84.8	159	84.1	153	89.5	181	86.6	143	88.3
Stroke	16	61.5	75	67.6	117	72.2	111	74.0	144	76.2	123	80.4
Chronic liver disease/cirrhosis	10	43.5	54	47.8	73	46.2	62	43.7	88	51.8	58	43.0

Appendix A: Reference Documents for the Community Health Priority Survey

Question 4, *Mental health conditions of moderate to high concern for the community in which you live*

<i>BY COUNTY</i>	Fairfield		Hartford		Litchfield		Middlesex		New Haven		New London		Tolland		Windham	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Anxiety or panic disorder	99	78.0	186	79.5	47	81.0	84	82.4	180	82.6	84	84.8	40	76.9	38	84.4
Depression or Bipolar	101	79.5	190	82.3	49	84.5	83	79.8	174	79.5	89	88.1	40	76.9	38	90.5
Experience of trauma or post-traumatic stress disorder	91	73.4	155	68.6	36	61.0	64	67.4	146	71.6	69	74.2	29	59.2	33	76.7
General stress of day-to-day life	123	89.1	206	84.8	50	84.7	99	88.4	187	82.4	89	87.3	47	82.5	37	82.2
Social isolation or loneliness	96	76.2	182	77.4	48	78.7	83	79.8	167	76.3	76	76.8	39	69.6	35	81.4
Stigma associated with seeking care for mental health	100	76.3	173	73.0	42	70.0	79	80.6	164	76.6	83	85.6	42	75.0	35	81.4
Suicidal thoughts and/or behaviors	96	76.2	160	72.1	35	62.5	75	75.8	140	69.3	73	81.1	29	56.9	39	88.6

<i>BY RACE/ETHNICITY</i>	Non-Hispanic White		Hispanic		Non-Hispanic Black		Asian/Non-Hispanic Other	
	n	%	n	%	n	%	n	%
Anxiety or panic disorder	523	81.5	92	82.9	37	72.5	28	90.3
Depression or Bipolar	519	81.7	93	83.0	42	80.8	26	83.9
Experience of trauma or post-traumatic stress disorder	416	69.0	85	78.7	35	71.4	22	71.0
General stress of day-to-day life	570	84.9	99	86.1	48	85.7	29	85.3
Social isolation or loneliness	495	76.7	88	77.9	40	72.7	27	90.0
Stigma associated with seeking care for mental health	484	75.3	84	77.1	42	80.8	26	81.3
Suicidal thoughts and/or behaviors	433	71.3	83	81.4	37	72.5	22	75.9

Appendix A: Reference Documents for the Community Health Priority Survey

Question 4 continued

<i>BY GENDER</i>	Male		Female	
	n	%	n	%
Anxiety or panic disorder	128	72.7	625	83.0
Depression or Bipolar	124	71.7	631	83.9
Experience of trauma or post-traumatic stress disorder	104	61.2	515	72.0
General stress of day-to-day life	143	79.9	683	85.9
Social isolation or loneliness	122	69.7	598	78.8
Stigma associated with seeking care for mental health	121	69.1	586	77.9
Suicidal thoughts and/or behaviors	95	58.3	538	74.9

<i>BY AGE CATEGORY</i>	18-24		25-34		35-44		45-54		55-64		65+	
	n	%	n	%	n	%	n	%	n	%	n	%
Anxiety or panic disorder	20	74.1	108	83.1	158	87.3	151	89.3	155	77.9	113	70.2
Depression or Bipolar	21	75.0	108	83.7	150	82.4	151	88.3	159	79.5	120	75.9
Experience of trauma or post-traumatic stress disorder	16	64.0	91	70.5	118	69.0	119	73.5	134	70.2	91	61.9
General stress of day-to-day life	22	81.5	118	86.1	168	88.4	149	85.1	177	83.9	138	82.6
Social isolation or loneliness	18	66.7	102	77.9	140	76.5	131	78.4	152	75.6	125	76.7
Stigma associated with seeking care for mental health	20	74.1	110	80.3	139	76.8	134	80.2	147	72.8	113	72.9
Suicidal thoughts and/or behaviors	19	70.4	91	73.4	129	74.6	126	77.8	138	71.1	93	64.6

Appendix A: Reference Documents for the Community Health Priority Survey

Question 5, *Substance use issues of moderate to high concern for the community in which you live*

<i>BY COUNTY</i>	Fairfield		Hartford		Litchfield		Middlesex		New Haven		New London		Tolland		Windham	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol abuse or binge drinking	112	84.2	186	77.2	46	79.3	89	81.7	188	82.5	86	86.0	43	78.2	42	91.3
Stigma associated with seeking care for alcohol or drug addiction	95	72.0	154	67.2	42	73.7	78	76.5	164	76.6	76	78.4	35	63.6	37	82.2
Opioid misuse (e.g., prescription pain killers, heroin, etc.)	122	92.4	200	83.3	52	86.7	83	79.8	193	87.7	93	93.0	47	90.4	44	100.0
Tobacco use or smoking	102	73.9	173	70.6	42	71.2	75	68.2	172	74.8	81	81.0	32	57.1	36	78.3
Vaping or e-cigarettes	109	83.2	180	73.8	43	74.1	78	75.0	155	71.4	79	82.3	42	76.4	36	85.7
Marijuana use for medical reasons (i.e., prescribed by a physician)	54	43.2	71	31.8	22	38.6	34	35.1	78	38.0	35	37.6	15	30.0	17	40.5
Recreational marijuana use	76	58.9	126	53.8	30	51.7	55	52.9	124	56.4	48	51.1	22	43.1	27	64.3
Other illicit drug use (cocaine, ecstasy, meth, PCP/"dust," etc.)	97	77.6	164	72.2	43	76.8	66	67.3	170	79.1	74	79.6	31	59.6	36	92.3

<i>BY RACE/ETHNICITY</i>	Non-Hispanic White		Hispanic		Non-Hispanic Black		Asian/Non-Hispanic Other	
	n	%	n	%	n	%	n	%
Alcohol abuse or binge drinking	556	83.7	96	82.8	40	75.5	21	63.6
Stigma associated with seeking care for alcohol or drug addiction	456	72.2	97	84.3	34	68.0	19	61.3
Opioid misuse (e.g., prescription pain killers, etc.)	576	88.2	99	87.6	41	78.8	26	83.9
Tobacco use or smoking	489	72.9	99	82.5	41	75.9	18	56.3
Vaping or e-cigarettes	512	79.0	88	78.6	34	63.0	21	63.6
Marijuana use for medical reasons (i.e., prescribed by a physician)	201	33.1	59	52.7	23	50.0	14	45.2
Recreational marijuana use	341	54.0	83	71.6	31	59.6	14	42.4
Other illicit drug use (cocaine, ecstasy, etc.)	450	73.6	99	87.6	37	74.0	20	66.7

Appendix A: Reference Documents for the Community Health Priority Survey

Question 5 continued

<i>BY GENDER</i>	Male		Female	
	n	%	n	%
Alcohol abuse or binge drinking	143	76.9	645	83.2
Stigma associated with seeking care for alcohol or drug addiction	117	65.4	557	74.9
Opioid misuse (e.g., prescription pain killers, heroin, etc.)	148	84.6	671	87.5
Tobacco use or smoking	122	65.9	582	73.7
Vaping or e-cigarettes	132	73.7	588	77.3
Marijuana use for medical reasons (i.e., prescribed by a physician)	54	30.3	274	38.8
Recreational marijuana use	88	48.1	421	57.0
Other illicit drug use (cocaine, ecstasy, meth, PCP/"dust," etc.)	127	73.8	547	75.7

<i>BY AGE CATEGORY</i>	18-24		25-34		35-44		45-54		55-64		65+	
	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol abuse or binge drinking	22	78.6	110	81.5	141	76.6	157	89.7	172	81.5	132	80.0
Stigma associated with seeking care for alcohol or drug addiction	20	74.1	104	78.2	126	72.4	127	75.6	145	70.7	114	73.1
Opioid misuse (e.g., prescription pain killers, heroin, etc.)	22	91.7	120	90.2	154	85.1	154	89.5	181	88.3	138	84.7
Tobacco use or smoking	22	78.6	109	77.9	126	65.6	123	71.5	152	72.4	121	71.6
Vaping or e-cigarettes	24	82.8	99	75.6	127	70.2	147	85.0	153	76.5	116	72.5
Marijuana use for medical reasons (i.e., prescribed by a physician)	6	23.1	51	39.2	69	39.4	70	43.2	67	36.2	36	24.7
Recreational marijuana use	15	53.6	76	56.7	97	54.5	112	65.5	95	47.5	82	54.7
Other illicit drug use (cocaine, ecstasy, meth, PCP/"dust," etc.)	18	66.7	95	75.4	124	70.9	124	78.0	154	78.2	116	77.9

Appendix A: Reference Documents for the Community Health Priority Survey

Question 8, *Housing and economic issues of moderate to high concern for the community in which you live*

<i>BY COUNTY</i>	Fairfield		Hartford		Litchfield		Middlesex		New Haven		New London		Tolland		Windham	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Housing costs and issues associated with home ownership (e.g. mortgage payments, property taxes)	114	84.4	189	75.9	53	85.5	87	77.7	194	84.7	89	85.6	44	74.6	38	82.6
Housing costs and issues associated with renting (e.g., rent payments, evictions, housing conditions)	105	78.9	172	71.4	52	85.2	74	67.9	182	79.1	81	81.8	33	58.9	40	87.0
Availability of affordable housing for older adults	106	80.9	169	72.5	47	79.7	82	73.9	172	78.9	81	81.0	41	74.5	35	81.4
Housing quality	81	63.8	120	48.8	29	51.8	46	43.0	145	64.4	65	62.5	19	32.2	28	60.9
Homelessness	74	56.5	133	55.0	24	43.6	41	38.3	143	64.7	65	68.4	6	11.8	30	65.2
Cost of utilities (e.g. heat, electricity, water)	115	85.2	200	79.4	53	86.9	99	86.1	195	83.7	94	88.7	43	70.5	44	93.6
Cost of healthy food options (e.g. full-service grocery stores, farmer's markets)	97	71.3	152	59.1	40	65.6	81	70.4	171	73.4	78	72.9	27	45.0	28	60.9
Cost of child care (e.g. in-home, center-based, or after school care)	112	85.5	188	78.3	39	67.2	74	74.0	178	80.5	76	78.4	47	83.9	40	93.0
Availability of educational opportunities	69	52.7	115	46.4	31	50.0	47	43.9	125	55.3	53	52.5	16	27.1	28	62.2
Availability of employment opportunities	96	72.2	160	66.1	48	82.8	69	63.3	179	77.2	73	72.3	28	48.3	38	84.4

Appendix A: Reference Documents for the Community Health Priority Survey

Question 8 continued

<i>BY RACE/ETHNICITY</i>	Non-Hispanic White		Hispanic		Non-Hispanic Black		Asian/Non-Hispanic Other	
	n	%	n	%	n	%	n	%
Housing costs and issues associated with home ownership (e.g. mortgage payments, property taxes)	551	80.6	96	88.1	43	74.1	28	80.0
Housing costs and issues associated with renting (e.g., rent payments, evictions, housing conditions)	492	74.3	103	88.0	44	80.0	22	68.8
Availability of affordable housing for older adults	497	75.9	91	83.5	42	80.8	20	66.7
Housing quality	320	48.7	94	81.7	43	74.1	16	48.5
Homelessness	311	48.7	89	78.8	41	74.5	15	48.4
Cost of utilities (e.g. heat, electricity, water)	564	82.5	109	92.4	48	81.4	25	73.5
Cost of healthy food options (e.g. full-service grocery stores, farmer’s markets)	431	62.4	99	83.2	45	75.0	18	54.5
Cost of child care (e.g. in-home, center-based, or after school care)	509	79.0	97	87.4	46	80.7	25	73.5
Availability of educational opportunities	295	44.4	88	75.9	42	75.0	16	47.1
Availability of employment opportunities	444	66.6	102	87.9	48	80.0	26	81.3

<i>BY GENDER</i>	Male		Female	
	n	%	n	%
Housing costs and issues associated with home ownership (e.g. mortgage payments, property taxes)	147	78.6	652	81.6
Housing costs and issues associated with renting (e.g., rent payments, evictions, housing conditions)	128	69.6	603	77.2
Availability of affordable housing for older adults	129	71.3	597	78.9
Housing quality	88	48.9	436	56.0
Homelessness	74	42.0	433	57.3
Cost of utilities (e.g. heat, electricity, water)	142	76.8	688	84.7
Cost of healthy food options (e.g. full-service grocery stores, farmer’s markets)	111	58.4	550	67.7
Cost of child care (e.g. in-home, center-based, or after school care)	124	72.1	621	81.3
Availability of educational opportunities	85	45.7	399	51.0
Availability of employment opportunities	119	65.0	562	71.8

Appendix A: Reference Documents for the Community Health Priority Survey

Question 8 continued

<i>BY AGE CATEGORY</i>	18-24		25-34		35-44		45-54		55-64		65+	
	n	%	n	%	n	%	n	%	n	%	n	%
Housing costs and issues associated with home ownership (e.g. mortgage payments, property taxes)	18	72.0	110	79.7	158	83.2	147	84.0	175	79.9	140	82.4
Housing costs and issues associated with renting (e.g., rent payments, evictions, housing conditions)	21	75.0	97	69.8	146	76.8	131	75.3	160	77.7	127	77.4
Availability of affordable housing for older adults	18	69.2	86	69.9	128	70.3	132	80.5	171	82.6	142	82.6
Housing quality	18	64.3	86	61.4	115	59.6	83	48.8	95	46.8	86	53.8
Homelessness	13	50.0	84	63.2	95	52.2	90	54.9	116	55.8	78	48.8
Cost of utilities (e.g. heat, electricity, water)	23	85.2	110	77.5	167	85.2	149	85.1	185	83.3	143	84.6
Cost of healthy food options (e.g. full-service grocery stores, farmer's markets)	19	70.4	100	70.9	142	72.4	117	66.1	142	64.3	98	58.0
Cost of child care (e.g. in-home, center-based, or after school care)	23	85.2	112	82.4	156	82.5	131	80.9	157	77.0	118	77.6
Availability of educational opportunities	17	63.0	83	59.3	110	57.0	84	49.1	86	40.8	66	42.6
Availability of employment opportunities	23	85.2	104	74.8	140	75.3	119	68.4	145	67.8	108	66.3

Appendix A: Reference Documents for the Community Health Priority Survey

Question 9, *Transportation issues of moderate to high concern for the community in which you live*

<i>BY COUNTY</i>	Fairfield		Hartford		Litchfield		Middlesex		New Haven		New London		Tolland		Windham	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Transportation to medical appointments	78	61.4	112	49.1	44	74.6	59	54.6	137	62.0	66	67.3	30	53.6	30	68.2
Transportation to work	65	50.4	105	44.3	35	59.3	50	45.5	107	50.2	61	61.0	20	37.0	27	61.4
Transportation to obtain basic needs (e.g. grocery shopping, social activities, etc.)	72	55.4	118	49.2	42	71.2	61	56.0	135	60.3	68	67.3	27	46.6	31	67.4
Availability of public transportation	81	61.4	131	54.1	50	83.3	67	58.8	119	52.0	76	73.8	36	63.2	38	86.4
Availability of transportation for older adults	89	71.8	127	55.2	44	74.6	72	66.7	149	67.4	68	70.8	34	61.8	34	77.3
Availability of transportation for individuals with physical or cognitive disabilities	78	66.1	115	52.8	41	70.7	61	60.4	132	64.1	66	71.0	33	62.3	31	72.1
Traffic congestion – Summer	83	61.0	83	33.2	12	20.0	47	42.0	106	46.9	55	51.9	11	18.6	3	6.4
Traffic congestion – Fall, Winter, Spring	88	64.7	94	37.2	11	18.3	41	36.3	118	51.1	30	29.1	14	23.3	5	10.6

<i>BY RACE/ETHNICITY</i>	Non-Hispanic White		Hispanic		Non-Hispanic Black		Asian/Non-Hispanic Other	
	n	%	n	%	n	%	n	%
Transportation to medical appointments	362	56.7	83	73.5	37	66.1	14	48.3
Transportation to work	300	46.8	71	63.4	34	59.6	14	43.8
Transportation to obtain basic needs (e.g. grocery shopping, social activities, etc.)	365	55.6	75	67.6	32	56.1	18	58.1
Availability of public transportation	410	61.6	69	60.5	34	58.6	24	70.6
Availability of transportation for older adults	414	64.5	77	70.6	37	68.5	16	51.6
Availability of transportation for individuals with physical or cognitive disabilities	374	61.2	72	71.3	35	70.0	17	56.7
Traffic congestion – Summer	249	36.6	67	59.3	28	48.3	11	32.4
Traffic congestion – Fall, Winter, Spring	249	36.6	68	58.6	28	47.5	14	41.2

Appendix A: Reference Documents for the Community Health Priority Survey

Question 9 continued

<i>BY GENDER</i>	Male		Female	
	n	%	n	%
Transportation to medical appointments	94	52.2	458	61.0
Transportation to work	76	42.5	386	51.1
Transportation to obtain basic needs (e.g. grocery shopping, social activities, etc.)	90	49.7	456	58.9
Availability of public transportation	110	59.5	480	61.2
Availability of transportation for older adults	108	59.3	501	67.1
Availability of transportation for individuals with physical or cognitive disabilities	100	59.2	446	62.7
Traffic congestion – Summer	71	37.6	327	41.3
Traffic congestion – Fall, Winter, Spring	70	36.6	330	41.4

<i>BY AGE CATEGORY</i>	18-24		25-34		35-44		45-54		55-64		65+	
	n	%	n	%	n	%	n	%	n	%	n	%
Transportation to medical appointments	15	57.7	70	55.1	90	50.8	91	58.3	137	65.2	111	66.1
Transportation to work	14	53.8	70	53.4	85	46.4	87	52.4	107	51.2	68	43.9
Transportation to obtain basic needs (e.g. grocery shopping, social activities, etc.)	15	57.7	74	55.6	90	49.7	82	49.4	138	64.5	110	64.3
Availability of public transportation	11	44.0	80	58.4	105	57.1	98	58.0	144	65.5	116	68.6
Availability of transportation for older adults	14	56.0	75	59.1	97	57.4	106	66.7	148	69.5	129	75.4
Availability of transportation for individuals with physical or cognitive disabilities	12	52.2	73	60.3	88	54.0	98	64.1	133	65.5	108	67.9
Traffic congestion – Summer	8	32.0	61	43.3	84	44.4	63	36.0	79	36.4	70	41.2
Traffic congestion – Fall, Winter, Spring	10	37.0	70	49.6	80	42.1	65	36.7	81	37.3	61	35.7

Appendix A: Reference Documents for the Community Health Priority Survey

Question 10, *Environment and safety of moderate to high concern for the community in which you live*

<i>BY COUNTY</i>	Fairfield		Hartford		Litchfield		Middlesex		New Haven		New London		Tolland		Windham	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Air quality	76	58.0	104	42.3	18	30.0	47	40.5	127	56.2	49	48.0	11	18.0	9	19.6
Water quality	64	50.4	98	39.4	18	30.5	58	50.9	106	46.7	53	51.0	17	28.8	23	50.0
Healthy homes (e.g. indoor air quality, pests, lead, mold)	85	63.9	113	46.5	22	36.7	56	49.6	131	57.7	59	58.4	12	21.1	27	58.7
Availability of healthy food options (e.g. full-service grocery stores, farmer’s markets, etc.)	69	50.4	114	44.7	25	41.0	57	49.6	125	53.9	51	48.1	16	26.7	19	40.4
Opportunities for physical activity (e.g. affordable gyms, public walking paths, etc.)	77	57.5	129	50.0	22	35.5	61	51.7	122	51.7	66	62.9	19	31.1	15	31.9
Pedestrian or bicycle safety	84	64.1	132	53.9	34	55.7	67	57.8	140	59.3	72	67.9	30	50.0	21	45.7
Property crime	66	50.8	143	57.2	15	25.0	48	43.2	139	62.3	48	47.5	18	31.6	22	50.0
Community violence (e.g. gangs, guns, street crime)	67	49.3	100	40.0	6	10.0	31	27.2	127	55.0	38	38.8	7	11.7	10	21.7
Interpersonal violence (e.g. domestic violence, sexual violence, bullying)	95	72.5	141	60.5	24	40.0	57	56.4	146	67.9	69	69.0	18	34.0	38	84.4

<i>BY RACE/ETHNICITY</i>	Non-Hispanic White		Hispanic		Non-Hispanic Black		Asian/Non-Hispanic Other	
	n	%	n	%	n	%	n	%
Air quality	264	39.2	82	71.9	34	58.6	12	34.3
Water quality	259	38.4	76	65.0	29	52.7	15	45.5
Healthy homes (e.g. indoor air quality, pests, lead, mold/moisture)	301	45.3	92	80.7	38	64.4	17	51.5
Availability of healthy food options (e.g. full-service grocery stores, farmer’s markets, etc.)	278	40.1	82	71.9	36	60.0	15	45.5
Opportunities for physical activity (e.g. affordable gyms, public walking paths, etc.)	300	43.1	94	78.3	36	62.1	18	52.9
Pedestrian or bicycle safety	395	57.3	80	70.2	30	52.6	16	48.5
Property crime	322	48.1	79	71.2	30	55.6	12	36.4
Community violence (e.g. gangs, guns, street crime)	211	31.1	92	79.3	32	54.2	10	30.3
Interpersonal violence (e.g. domestic violence, sexual violence, bullying)	382	59.9	91	81.3	34	68.0	15	50.0

Appendix A: Reference Documents for the Community Health Priority Survey

Question 10 continued

<i>BY GENDER</i>	Male		Female	
	n	%	n	%
Air quality	77	40.7	359	45.6
Water quality	81	43.3	347	44.1
Healthy homes (e.g. indoor air quality, pests, lead, mold/moisture)	85	46.2	409	52.2
Availability of healthy food options (e.g. full-service grocery stores, farmer’s markets, etc.)	80	42.6	380	46.9
Opportunities for physical activity (e.g. affordable gyms, public walking paths, etc.)	89	46.4	413	50.7
Pedestrian or bicycle safety	96	50.5	471	58.9
Property crime	86	47.8	411	52.4
Community violence (e.g. gangs, guns, street crime)	65	34.9	316	39.7
Interpersonal violence (e.g. domestic violence, sexual violence, bullying)	102	57.3	475	63.3

<i>BY AGE CATEGORY</i>	18-24		25-34		35-44		45-54		55-64		65+	
	n	%	n	%	n	%	n	%	n	%	n	%
Air quality	14	53.8	72	51.1	85	44.7	54	31.4	99	46.5	77	45.6
Water quality	13	50.0	70	50.0	84	44.2	63	37.5	91	42.5	78	46.2
Healthy homes (e.g. indoor air quality, pests, lead, mold/moisture)	19	73.1	86	61.4	103	53.4	73	43.7	100	46.3	82	50.6
Availability of healthy food options (e.g. full-service grocery stores, farmer’s markets, etc.)	16	59.3	80	55.9	96	49.2	71	40.8	94	42.7	69	39.9
Opportunities for physical activity (e.g. affordable gyms, public walking paths, etc.)	21	75.0	81	56.6	108	54.5	79	44.6	102	46.6	80	45.7
Pedestrian or bicycle safety	13	50.0	86	60.6	107	56.6	92	52.3	131	60.6	99	56.9
Property crime	16	64.0	67	48.9	100	52.9	91	53.5	100	47.2	83	50.6
Community violence (e.g. gangs, guns, street crime)	17	63.0	68	47.2	78	40.8	70	40.5	74	34.1	58	34.3
Interpersonal violence (e.g. domestic violence, sexual violence, bullying)	20	74.1	81	62.3	117	64.3	107	65.2	120	58.5	94	60.6

Appendix A: Reference Documents for the Community Health Priority Survey

Question 12, *Health care services hard or very hard to access in your community*

<i>BY COUNTY</i>	Fairfield		Hartford		Litchfield		Middlesex		New Haven		New London		Tolland		Windham	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol or drug treatment services for adults (age 18+)	43	48.3	84	52.2	28	60.9	33	50.0	87	51.8	40	58.0	19	47.5	22	62.9
Alcohol or drug treatment services for youth (< age 18)	46	55.4	88	55.3	27	67.5	40	60.6	87	55.8	40	60.6	22	57.9	23	65.7
Cancer care/treatment	23	25.3	43	26.4	20	39.2	18	20.0	36	19.5	16	19.5	9	20.0	14	32.6
Cancer screening	14	13.5	32	17.4	14	25.9	9	11.3	37	21.0	7	8.4	7	14.3	9	22.5
Counseling or mental health care for adults (age 18+)	50	46.3	81	40.7	27	57.4	47	49.5	100	52.1	42	48.8	19	44.2	19	45.2
Counseling or mental health care for children/adolescents (under 18 years)	52	48.1	93	48.4	32	64.0	47	51.6	87	47.8	43	53.1	21	51.2	23	54.8
Dental or oral health services	21	15.7	41	16.8	14	23.3	15	13.2	56	24.3	20	20.0	8	13.6	8	17.0
Emergency department services	8	6.1	30	12.3	16	27.1	16	14.2	34	14.5	9	9.0	12	20.0	6	12.8
Health or medical services for children or adolescents (under 18 years)	11	9.2	37	17.0	18	35.3	15	15.5	39	19.6	9	10.8	12	23.5	13	32.5
Health or medical services for seniors (age 65+)	16	16.2	49	27.2	20	39.2	20	23.5	50	28.1	24	27.3	8	16.3	15	36.6
Health or medical services for women (e.g. reproductive health, pregnancy, breast health, pelvic health)	13	10.2	29	12.6	15	27.3	13	12.6	39	18.1	18	17.8	8	14.3	9	20.9
Hospital services	14	10.4	32	13.0	17	27.9	18	15.5	29	12.4	10	10.0	12	20.7	5	10.6
Immunizations	6	4.6	5	2.1	4	6.8	7	6.7	21	9.9	4	4.2	4	7.4	2	4.5
Occupational therapy	19	20.2	28	17.7	19	38.8	17	20.7	32	20.1	9	12.5	9	20.5	8	20.0
Outpatient services such as lab work or radiology (e.g. X-rays, MRIs)	20	15.0	29	11.9	17	27.9	18	16.7	34	15.1	11	10.9	8	13.8	6	13.0
Physical therapy	13	10.9	22	10.5	15	25.9	18	18.0	41	21.0	7	7.6	5	9.3	7	16.3
Primary care physicians	28	20.4	53	21.5	27	44.3	13	11.5	65	28.6	27	26.7	17	28.8	19	40.4
Specialty care (e.g. orthopedics, cardiology, etc.)	24	18.9	53	24.4	30	49.2	25	23.4	59	28.5	30	32.3	16	29.6	19	41.3
Urgent care services	11	8.2	17	6.7	20	32.8	22	19.3	30	13.0	13	12.7	6	10.0	15	32.6
Vision services	17	13.3	20	8.6	12	19.7	12	10.8	41	19.1	19	19.6	9	15.8	5	10.9
Culturally competent services	25	31.3	69	42.6	21	50.0	27	39.7	61	39.6	31	44.3	5	14.3	12	35.3

Appendix A: Reference Documents for the Community Health Priority Survey

Question 12 continued

<i>BY RACE/ETHNICITY</i>	Non-Hispanic White		Hispanic		Non-Hispanic Black		Asian/Non-Hispanic Other	
	n	%	n	%	n	%	n	%
Alcohol or drug treatment services for adults (age 18+)	251	54.9	44.0	57.1	16.0	41.0	13.0	52.0
Alcohol or drug treatment services for youth (under age 18)	265	61.9	40.0	51.3	19.0	47.5	14.0	60.9
Cancer care/treatment	108	20.6	35.0	42.7	11.0	28.2	10.0	37.0
Cancer screening	70	13.1	31.0	34.1	7.0	18.4	9.0	34.6
Counseling or mental health care for adults (age 18+)	270	48.4	44.0	47.3	14.0	31.1	10.0	35.7
Counseling or mental health care for children/adolescents (under 18 years)	280	52.7	42.0	46.7	17.0	37.0	15.0	51.7
Dental or oral health services	103	15.3	38.0	32.2	12.0	20.7	5.0	15.2
Emergency department services	71	10.4	24.0	21.1	11.0	19.3	4.0	12.1
Health or medical services for children or adolescents (under 18 years)	94	16.1	28.0	26.7	11.0	21.6	4.0	13.3
Health or medical services for seniors (age 65+)	127	23.9	35.0	41.2	8.0	18.6	7.0	26.9
Health or medical services for women (e.g. reproductive health, pregnancy, breast health, pelvic health)	75	11.7	35.0	30.2	9.0	17.3	8.0	25.0
Hospital services	72	10.6	26.0	22.2	11.0	19.0	5.0	14.7
Immunizations	21	3.3	19.0	17.4	4.0	7.5	2.0	5.9
Occupational therapy	76	16.0	30.0	34.5	12.0	36.4	4.0	17.4
Outpatient services such as lab work or radiology (e.g. X-rays, MRIs)	73	10.8	38.0	33.6	12.0	21.4	4.0	12.1
Physical therapy	67	11.0	31.0	31.3	13.0	28.3	3.0	10.7
Primary care physicians	164	24.3	36.0	31.3	15.0	25.9	7.0	20.6
Specialty care (e.g. orthopedics, cardiology, dermatology, etc.)	161	25.1	44.0	44.0	17.0	36.2	9.0	30.0
Urgent care services	81	11.8	26.0	22.2	9.0	16.1	5.0	14.3
Vision services	66	10.1	36.0	32.1	9.0	17.6	8.0	25.8
Culturally competent services	160	37.3	46.0	48.9	18.0	51.4	9.0	36.0

Appendix A: Reference Documents for the Community Health Priority Survey

Question 12 continued

<i>BY GENDER</i>	Male		Female	
	n	%	n	%
Alcohol or drug treatment services for adults (age 18+)	59	41.5	292	56.0
Alcohol or drug treatment services for youth (under age 18)	68	48.9	297	60.2
Cancer care/treatment	35	23.8	143	23.9
Cancer screening	28	18.3	103	16.7
Counseling or mental health care for adults (age 18+)	61	38.9	313	48.7
Counseling or mental health care for children/adolescents (under 18 years)	64	41.6	326	52.7
Dental or oral health services	32	16.9	149	18.9
Emergency department services	27	14.5	101	12.8
Health or medical services for children or adolescents (under 18 years)	32	20.0	122	17.7
Health or medical services for seniors (age 65+)	35	22.9	164	26.7
Health or medical services for women (e.g. reproductive health, pregnancy, breast health, pelvic health)	23	14.8	115	15.0
Hospital services	28	15.1	108	13.5
Immunizations	13	7.3	40	5.3
Occupational therapy	20	13.7	119	21.5
Outpatient services such as lab work or radiology (e.g. X-rays, MRIs)	31	16.5	112	14.4
Physical therapy	20	11.4	108	15.7
Primary care physicians	52	27.8	193	24.3
Specialty care (e.g. orthopedics, cardiology, dermatology, etc.)	44	24.3	209	28.9
Urgent care services	26	14.0	108	13.5
Vision services	23	12.5	112	14.9
Culturally competent services	39	28.7	207	40.8

Appendix A: Reference Documents for the Community Health Priority Survey

Question 12 continued

<i>BY AGE CATEGORY</i>	18-24		25-34		35-44		45-54		55-64		65+	
	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol or drug treatment services for adults (age 18+)	7	41.2	46	54.8	60	49.6	76	58.0	84	55.6	67	54.9
Alcohol or drug treatment services for youth (under age 18)	9	45.0	46	53.5	57	53.8	85	66.9	82	58.2	71	60.2
Cancer care/treatment	5	31.3	23	28.4	31	25.2	42	30.2	36	19.9	30	19.9
Cancer screening	3	17.6	21	25.0	25	18.4	33	22.6	23	12.4	16	10.6
Counseling or mental health care for adults (age 18+)	9	37.5	49	45.4	62	41.1	85	53.5	93	52.8	66	47.1
Counseling or mental health care for children/adolescents (< 18 years)	8	36.4	40	39.6	71	47.7	89	56.0	97	55.7	67	53.6
Dental or oral health services	5	17.9	29	21.3	32	16.7	28	15.8	35	16.3	41	25.0
Emergency department services	1	3.6	16	11.8	21	11.1	29	16.4	23	10.9	26	15.2
Health or medical services for children or adolescents (under 18 years)	3	12.5	17	13.8	33	18.9	35	21.5	32	17.2	25	19.4
Health or medical services for seniors (age 65+)	4	22.2	18	21.7	31	23.7	38	27.7	47	25.5	48	29.3
Health or medical services for women (e.g. reproductive health, pregnancy, breast health, pelvic health)	4	14.3	21	16.0	28	15.9	29	17.2	32	15.2	23	15.2
Hospital services	2	7.1	19	13.9	25	13.0	32	18.3	21	9.5	27	15.9
Immunizations	1	4.0	10	7.8	5	2.8	14	8.4	8	3.9	11	6.8
Occupational therapy	3	17.6	28	31.8	23	19.8	36	26.9	24	15.1	17	12.3
Outpatient services such as lab work or radiology (e.g. X-rays, MRIs)	2	8.0	26	19.5	21	11.6	30	17.1	28	13.0	29	17.0
Physical therapy	3	14.3	25	21.9	21	13.5	32	20.5	17	8.4	21	13.4
Primary care physicians	6	21.4	30	22.2	48	24.9	50	28.7	49	22.7	47	28.0
Specialty care (e.g. orthopedics, cardiology, dermatology, etc.)	6	30.0	37	32.2	51	30.0	62	37.1	40	19.0	41	24.8
Urgent care services	2	7.4	17	12.4	23	11.7	24	13.6	26	12.0	32	18.9
Vision services	5	19.2	26	20.6	28	15.6	23	13.3	21	10.0	25	15.2
Culturally competent services	6	33.3	38	44.7	45	35.2	54	48.6	46	33.1	41	35.0

Appendix B: Reference Documents for the Community Focus Groups

Focus Group Discussion & Note Guide

Discussion Goal: To identify the health needs/concerns and assets/programs/services that are most important to community members of target populations in Connecticut.

BACKGROUND SCRIPT

- We are doing a statewide health assessment. This effort will help the state health department gain national accreditation by assessing the health of our state's residents, then using this information to set priorities for health improvement and to develop ideas to address problems through collaboration with partners from communities and organizations across Connecticut.
- We are conducting discussion groups with folks like yourself from different geographic areas in the state to understand different perspectives about health issues affecting the communities you belong to or serve. We are interested in hearing your feedback on issues specific to your community or the people you serve as well as any insight you have about the main issues you think affect the health of Connecticut residents overall.
- I want everyone to know there are no right or wrong answers during our discussion. We want to know your opinions, and those opinions might differ. This is fine. Please feel free to share your opinions, both positive and negative. We greatly appreciate your honesty and openness with us so we can paint as accurate a picture as possible for the assessment.
- Our discussion will last about 45 minutes. What we learn through these discussions will help guide the state health assessment and planning process, and key themes will be incorporated into the health assessment report. No names or organizations will be connected to anything that any one person said in the discussion. Any quotes we put in the report will be presented anonymously. Additionally, nothing sensitive that can be connected to any organization or individual will be discussed in the report. However, at the end of the report, we will list _____ as an organization that contributed to the assessment.

INTRODUCTIONS

- Let's start by getting to know one another. Let's go around and introduce ourselves. Please tell me: **1) your first name;** and **2) an activity you like to do in your spare time.**

[AFTER ALL PARTICIPANTS INTRODUCE THEMSELVES, FACILITATOR TO ANSWER INTRO QUESTIONS]

IDENTIFYING TOP HEALTH ISSUES

- What are some of the biggest problems or concerns in your community?
 - PROBE: Are education, violence and trauma, built environment, social environment, and housing top issues in your community?

Appendix B: Reference Documents for the Community Focus Groups

- I heard you say that the most pressing health concerns in your community are[List what you heard them say] of these, if you had to pick 1 or 2 top health concerns, what would those be?
 - PROBE: Are chronic diseases or conditions, mental health, substance abuse, violence, access to healthy food, access to health care access top issues for your community?
- How have these health issues affected your community?
 - PROBE: Are some people or populations more affected by these health issues than others? In what way?
- What are the consequences to the community in not addressing these issues? What is the impact on the community you represent?

ADDRESSING TOP HEALTH ISSUES

- Thinking about the top health issues you mentioned, what is currently being done to address those issues for the community?
- What programs or services are available or organizations are working on the top health issues facing your community?
 - What specific organizations play a lead role in making people healthy in your community?
 - PROBE: Would you describe an example of something being done in your community to tackle the top health issues facing your community?

STAYING HEALTHY

- What makes it harder to be healthy?
 - Are there significant barriers to being healthy or making healthy choices in your community? What are those barriers?
 - Do folks in your community experience barriers in accessing health care services? What are those barriers?
- What programs, services or policies are missing in your community that would support health or make it easier to be healthy? [THIS QUESTION MAY HAVE ALREADY BEEN ANSWERED]

VISION OF COMMUNITY AND PROGRAM/SERVICE ENVIRONMENT

- Thinking about the future, if you could do one thing to improve the health of people in your community, what would it be?
 - If you could change or implement a new program, service, or policy, what would it be?
 - What organizations are/who is already leading this effort?

CLOSING

Thank you so much for your time and sharing your opinions. We really value your feedback and help in making the state health assessment successful. Before we end the discussion, is there anything that you wanted to add that you did not get a chance to bring up earlier?

On behalf of the Connecticut Department of Public Health and the State Health Assessment Coordinating Team, I want to thank you again for your time.

Appendix B: Reference Documents for the Community Focus Groups

Summary Findings from the Community Focus Groups

The 2019 Connecticut State Health Assessment (SHA) serves as an update on the health status of Connecticut residents and informs the CT State Health Improvement Plan (SHIP) for 2020-2025. This year the SHA focused explicitly on the social determinants of health (SDOH) that are having the greatest impact on health outcomes as defined by the Centers for Disease Control and Prevention as “conditions in the places where people live, learn, work and play [that] affect a wide range of health risks and outcomes.” [Footnote found in Navigating Health Equity Chapter]. By employing a SDOH lens, this state health assessment is an important tool in the effort to identify the underlying conditions and factors that influence health, reflect on existing services, policies and accountability, and inform future public health planning for the benefit of *all* Connecticut communities.

Focus Groups as Community Engagement

To this end, staff from CT DPH Public Health Systems Improvement together with a range of community partners set out to understand how specific population groups within community perceive health and quality of life, to learn about their health needs and concerns and identify the community resources -- assets, programs, and services -- that are most important to them, and to invite them to envision a healthier future. This engagement process also served to strengthen relationships with members of our communities whose voices often are muted and input absent from planning and decision-making for the responsive allocation of resources.

While this list is by no means exhaustive, the focus group discussions illustrate how individuals within these communities are impacted by dimensions of identity: race and ethnicity; language and literacy; gender; sexual orientation; age; family configuration; socioeconomic class; legal and citizenship status; developmental differences; and military service.

- Aging Adults
- Black/African American Women
- Families Affected by Alzheimer’s
- Families Affected by Autism
- Families of Children with Special Health Care Needs
- Formerly Incarcerated Persons
- Hispanic Community
- Immigrants and Refugees
- LGBTQ Older Adults
- LGBTQ Younger Adults
- Veterans and their Families

Barriers to Access as Common Theme

Across groups, barriers to access was the prevalent theme and included affordable housing, safe neighborhoods, healthy food, employment with fair pay, competent health care, quality education and child-care, reliable transportation, and user-friendly information.

Not surprisingly, groups emphasized particular barriers based on their lived experience: discrimination on the basis of language, one or more dimensions of identity or life conditions, and the professional competence of health care providers. However, it is important to keep in mind two limitations of this process: each discussion served primarily as a window into and was not representative of the entire population group; and discussion did not include any reports on or analysis of existing state resources or vetting of information shared by participants.

Throughout the discussions, it became clear that individuals saw this engagement process as an opportunity to raise concerns but also to share ideas to address how the health of CT residents can be improved in the future. Captured below are three issues that resonated for a majority of participants. Hopefully, these strategies will be considered in the development of the next five-year state health improvement plan, Healthy Connecticut 2020-2025.

Appendix B: Reference Documents for the Community Focus Groups

Aging Adults

- **Prioritize evidence-based programs to focus on healthy aging** as well as specific health concerns. These can be used to address building physical strength to address physical health risks such as fractures due to falling and increasing resilience to prevent mental health problems especially depression and suicide.
- **Pay attention to how the built environment and modes of transportation** affect the health of children, and adults: sidewalks, bikeways, bike connections and public buses. For seniors, updated information on how to access bus routes especially to senior centers, is helpful as these things change over time.
- **Use technology to create virtual access to senior center programs** for homebound individuals who need continued connection to counter isolation. Build digital literacy and offer classes tailored to the use of different computer devices: desktop, laptop, tablet, phone.

Black/African American Women

- **Blacks, African Americans, and West Indians in Hartford need place-based approaches to addressing health issues related to urban segregation.** Violence, addiction, discrimination, urban/suburban divides, and trauma create significant needs for community- faith- and school- based mental health services to address complex health needs.
- **Use emerging trauma-informed care to address behavioral health issues related to place and poverty.** At the family and community level, education about trauma and its impact on mental and physical health are essential strategies in a comprehensive menu of services.
- **Approach access to healthy food due to “food desserts” as a neighborhood issue.** However, nutrition education tailored to culturally-based food preferences is a universal need.

Families Affected by Alzheimer’s

- **Create a partnership between DPH and the Alzheimer’s Association to strengthen the reach and effectiveness of both community and provider education about Alzheimer’s.** More informed understanding of Alzheimer’s as a form of dementia and the problems it causes with memory, thinking and behavior is needed.
- **Address the distinct needs of the caregivers as an important part of a plan for living with Alzheimer’s.** Caregivers may be reluctant to acknowledge concerns for privacy and the stress of serving as interpreters in communicating with family members and providers.
- **Take advantage of peer volunteer networks to address the distinct challenges of different stages of Alzheimer’s.** In addition to larger meetings, volunteers will meet with a family in their home to offer insight and tips on how to communicate with a person with Alzheimer’s.

Families Affected by Autism

- **Tailor effective treatment to a child’s particular needs as autism is a spectrum disorder.** Health insurance does not cover all therapies and families face many obstacles such as cost, geographic distance, access to early diagnosis, and providers capable of addressing complex needs.
- **Increase awareness of Autism Speaks, a valuable resource offered by DSS at no cost.** Social media platforms also facilitate connection. Parents rely on each other’s lived experience to navigate the challenges and stress of autism including making sense of online information, adjusting to a child’s changing education, treatment and employment needs over time, and being recognized as expert partners by professionals.
- **Educate legislators and advocate for housing, employment and health insurance policy reform.** Families bring the unique expertise. However, how do they add organizing and advocacy to other demands from multiple existing priorities?

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Families of Children with Special Health Care Needs (CSHCN)

- **Create awareness of federal programs – such as Title V of Social Security and the Affordable Care Act -- that offer services for children with special health care needs.** Families need guidance to navigate eligibility for state and federal services and dealing with limits on costs. At the local level, locating and trusting providers well-versed in mental health and dental services tailored to CSHCN.
- **Prioritize increasing access to detox and other addiction services for children under the age of 18.** Currently, the need for education about the danger of opioids is unprecedented.
- **Support the creation of “one stop shopping” for to facilitate care for CSHCN families.** Families face challenges with transportation, health care silos and translation services.

Formerly Incarcerated Persons

- **Address the challenge of being in transitional structured housing and the fear of becoming homeless once they return to community.** Access to affordable housing is centralized in Hartford, has long waiting lists, and availability is limited by geography.
- **Recognize that securing employment is particularly challenging for members of this group.** Transitional housing restrictions limit job hunting to online processes which are less personal than outreach. Yet employment with a fair wage is an essential part of reintegrating into a community along with mental health and other services.
- **Develop health literacy as both a life skill and a job skill.** Since there are limited opportunities to go out into the community, bring lectures, presentations and certification programs to the half-way house. Possibilities include doing CPR, administering Narcan, coping with a family member’s dementia.

Hispanic Community

- **Monitor the quality of professional translation into Spanish including medical terms.** It is difficult to trust the accuracy of the translation especially since there are multiple dialects in Spanish. There may also be an added obstacle in that staff are not allowed or choose to not speak Spanish and printed materials are in English.
- **Limited access to no-cost recreation/exercise affects adults living with chronic diseases as well as youth.** Community schools are designed to share facilities, personnel, programs and other resources with families and community members. Safe places to exercise, school gardens, nutrition education, and movie nights are some examples offered by participants.
- **Prioritize culturally competent, positive youth development programs in partnership with schools.** Hispanic youth face many challenges including domestic and community violence, drug use, blighted properties, lack of employment, and motivation to stay in school.

Immigrants and Refugees

- **CT DPH and local health departments have an important role to play as accessible sources of reliable information** about health insurance and culturally competent community-based programs. In addition, marketing campaigns serve to raise awareness of lead poisoning, opioid use, and cancer screening.
- **Health care providers need language and cultural literacy to effectively care for immigrants and refugees.** While translation services can be used, a provider’s professional competence includes understanding an individual’s health history (such as a history of malaria in Sudan which is not seen in the U.S.) and that due to culture or religion, Muslim women have difficulty relating to a male provider.
- **Encourage immigrants and refugees to complete census surveys** so data will capture different countries of origin, and guide analysis of the needs of population groups and allocation of funding. Although fear of

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discrimination is an obstacle, communities can use census data to advocate for themselves and educate others about differences as well as similarities.

LGBTQ Older Adults

- **Address substance use disorders, especially use of alcohol, as significant health issues in the context of life circumstances.** Older lesbian, bisexual, transgender, and queer adults may face financial challenges, work in underground economies, deal with dysphoria, face housing discrimination, and may be isolated due to difficulty connecting with other people.
- **Acknowledge the particular fear of vulnerability among LGBTQ older adults in nursing homes/psychiatric facilities.** They fear hostility and an inability to be fully be themselves and have a meaningful part in making decisions about their care due to policies and procedures that limit inclusiveness.
- **Access to competent transgender medicine information and services is essential to the health of transsexual persons in CT.** Online resources such as RADRemedy.org provide guidance on specially trained primary care providers, hormone replacement therapy and gender transition surgery services.

LGBTQ Younger Adults

- **Be aware of the diversity within an LGBTQ young adult community.** In addition to being lesbian, gay, bisexual, transgender, or queer/questioning, multiple factors such as income, religion, relationship status, housing, and citizenship also influence the health and needs for which members of this group need effective care.
- **Address transphobia and homophobia as obstacles to competent health care and accountability.** Health care providers have a responsibility to get to know individuals, prioritize among competing health needs, and offer an integrated standard of care. Positive communication with all staff -- front desk, billing, etc. -- is an essential part of comprehensive care.
- **Consider that younger LGBTQ adults may experience heightened vulnerability to harassment and victimization as they have less experience living independently.** For LGBTQ, gender identity and sexual orientation issues complicate growing into maturity, developing healthy relationships, accessing support and navigating health systems.

Veterans and their Families

- **Advocate for research into innovative approaches to the health of veterans and their families.** Congressional bill H.R. 2435, known as the “Outdoor Veterans’ Recovery Act” establish an interagency task force to research the impact of outdoor recreation programs for mental, physical and emotional health.
- **Educate professionals and the public about the health effects of exposure to different environmental toxins, which vary according to deployment: Vietnam, Gulf War, Afghanistan and Iraq.** Federal, state and local government funding for cohort studies and tailored health d to supplement the service capacity of the Veterans’ Administration (VA).
- **Address mental health issues such as PTSD, anxiety, depression, and substance use disorders through a holistic approach to healing and successful transition to civilian life.** Bring together military families for mutual support and problem-solving with employment, transportation, housing and other life issues.

Appendix C: Reference Documents for Public and Partner Input

Data Presentation to SHIP Coalition



Healthy Connecticut 2020
State Health Improvement Plan
Coalition Webinar
Wednesday, August 14, 2019
10:30 AM – 12:00 PM

Agenda

10:30	10	Welcome SHIP Updates	Sandy Gill
10:40	10	Policy Agenda Update	Brie Wolf
10:50	60	Preliminary Findings of the SHA	
		Data Findings	Laurie Ann Wagner
		Coalition Feedback	Melissa Touma
			All
11:50	10	Next Steps	Sandy Gill
		Public Comment Period in the Fall	
		SHIP Summit 09-20-2019	
		Ad Hoc SHIP Communications Committee	
12:00		Adjourn	

Preliminary Draft

SHIP Update

- Transitions
- SHIP Annual Reports
- Action Teams
- 2019 SHIP Policy Agenda
- State Health Assessment – SHA 2.0
 - Community Health Priority Survey
 - DPH Data Advisory Committee
- State Health Improvement Planning – SHIP 2.0

Preliminary Draft

2019 Policy Agenda Update

Policy Priorities	Proposed Related Bills	Most recent activity
1. TOBACCO – Reduce the use of tobacco and vaping products	Access: SB 720 Other: SB 752	06-18-2019 – Public Act 19-14, Signed by Governor 06-05-2019 – Bill Passed HOUSE Temporarily; Senate PASSED as amended
2. Community Health Worker Certification	HB 2124	06-26-2019 – Included in Public Act 19-117, Signed by Governor
3. Seatbelt use for all seating positions in automobiles – support the use of seatbelts by rear seated passengers in automobiles	HB 2240 HB 2306	06-05-2019 – REMOVED SEATBELTS FROM BILL 05-10-2019 – Referred to TRANSPORTATION; no vote
4. Motorcycle Helmet Law – support the universal use of adequate head protection for all operators and passengers of motorcycles	HB 6361	05-16-2019 – House PASSED; Senate Calendar #513 (6-21 vote of age only)
5. Paid Family and Medical Leave – support the provision of Paid Family and Medical Leave	SBI	06-29-2019 – Public Act 19-25, Signed by Governor
6. Property Maintenance Code (PMC) – Connecticut adoption of International Property Maintenance Code (IMC)	HB 6855	Proposed bill did not move forward
7. Opioids – support treatment and prevention efforts	HB 5524 HB 7125 HB 2210 HB 7180	06-21-2019 – Public Act 19-38, Signed by Governor 07-09-2019 – Public Act 19-158, Signed by Governor 07-09-2019 – Public Act 19-226, Signed by Governor 07-09-2019 – Public Act 19-168, Signed by Governor
8. REL (Race, Ethnicity, and Language) Data Collection Standards		No identified bills this session

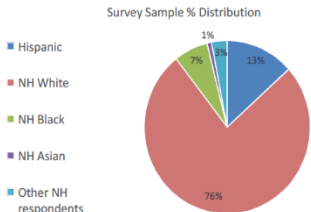
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Community Input to the SHA

- The Community Survey conducted earlier this year was promoted by the SHIP coalition; as a result the survey received 1,388 responses!
- UCONN students solicited participation in the survey from an additional 250 community members visiting DSS Service Centers and FQHCs
- Eleven focus groups were conducted with populations of focus including
 - Recently Incarcerated
 - Developmentally Disabled
 - Alzheimer’s PT Caregivers
 - Veterans and Families
 - Aging Adults
 - LGBTQ/Aging Adults
 - African American Women
 - LGBTQ/Younger Adults
 - Hispanic Community
 - Parents of CSHCN
 - Immigrants/Refugees

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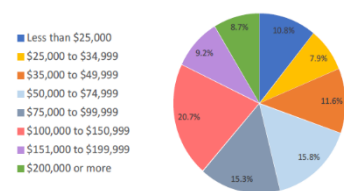
Community Survey Responses (N=924) by Race/Ethnicity



Race/Ethnicity	Percentage
Hispanic	15%
NH White	68%
NH Black	10%
NH Asian	4%
Other NH respondents	2%

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Percent of Community Survey Responses (N=850) by Income, Connecticut, 2019



- 2017 Census data: 9.6% persons live in poverty
- Median household income was \$73,781

Preliminary Draft

Towns with at Least One Person Participating in the Community Survey and Number of Responses (N=1040) by County, Connecticut, 2019

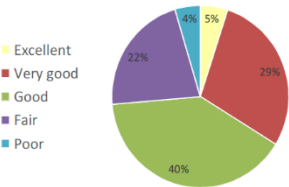
County	# of CT towns represented	% of all towns	# of responses	% of all responses
Statewide	144	85%	1040	-
Fairfield County	21	91%	142	14%
Hartford County	27	93%	259	25%
Litchfield County	16	62%	62	6%
Middlesex County	13	87%	118	11%
New Haven County	25	93%	244	23%
New London County	17	81%	107	10%
Tolland County	13	100%	61	6%
Windham County	12	80%	47	5%

- 18% of CT’s population live in its five most populous cities
- 15% of survey responses were from people who live in these five cities

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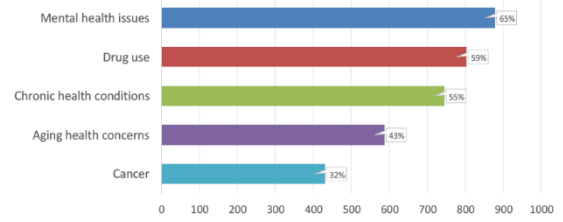
Appendix C: Reference Documents for Public and Partner Input

Community Survey: General Perceptions of the Overall Health of the Community in which They Live (N=1377)



Nearly 70% of all survey respondents thought the community in which they live to be "Very Good" or better.

Top Five Health Concerns Reported on the Community Survey (N=1361)

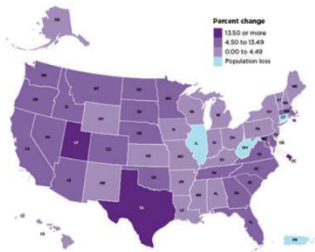


Preliminary Findings

State Health Assessment

Our Demographics

Population Change for States (and Puerto Rico) From April 1, 2010 to July 1, 2018



2018 CT Population Size

3.572 million

2018 Birth Rate

Connecticut - 10 births per 1,000 women

United States - 12 births per 1,000 women

Median Age

Connecticut - 40.9 years

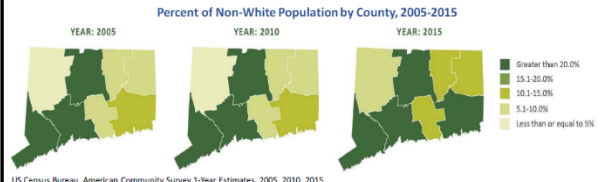
United States - 38.0 years

Vintage 2018 Population Estimates, www.census.gov/programs-surveys/popest.html

Connecticut's Diverse Population



Between 2007-2017, CT's non-White population increased from 26% to 32% of the total population.



US Census Bureau, American Community Survey 1-Year Estimates, 2005, 2010, 2015

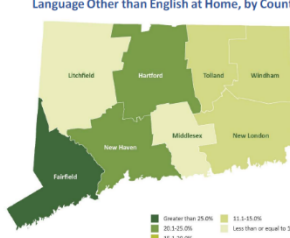
Most Commonly Spoken Languages Other than English

21.8% of CT residents speak a language other than English at home.

The most common languages are:

1. Spanish
2. Portuguese
3. Polish
4. Italian
5. French
6. Chinese
7. Haitian Creole

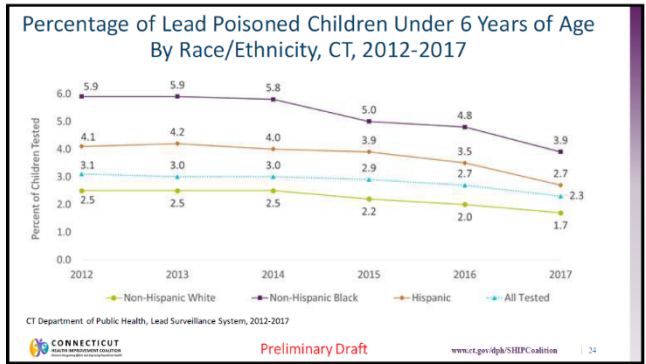
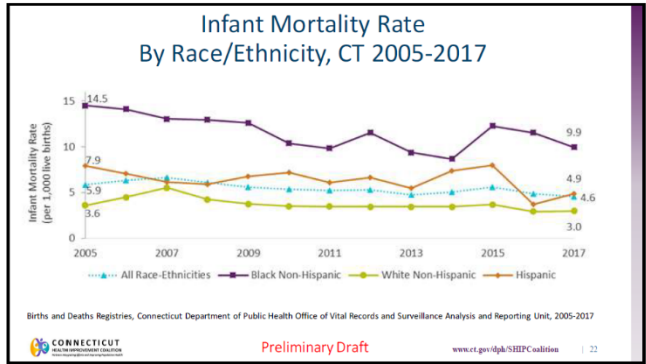
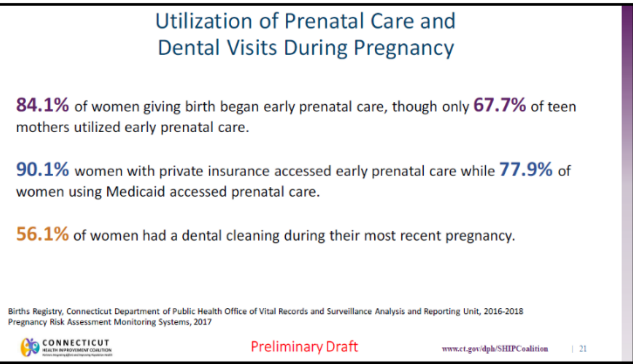
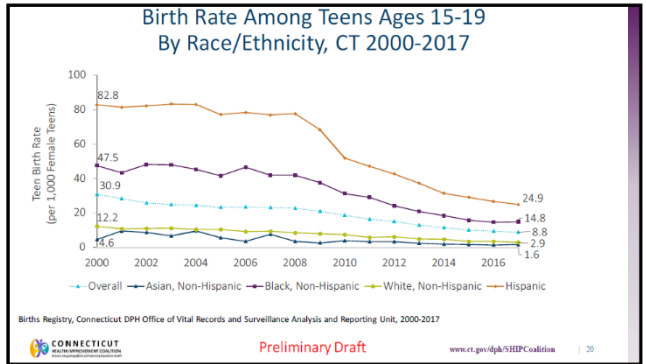
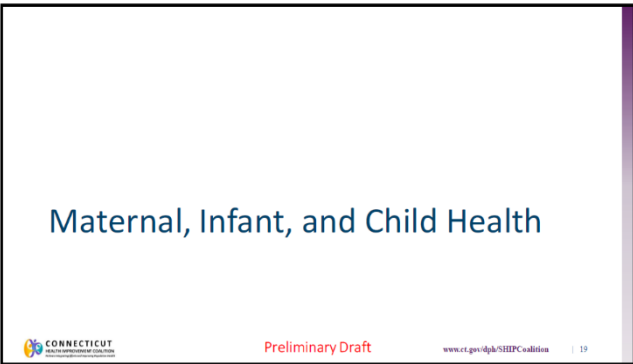
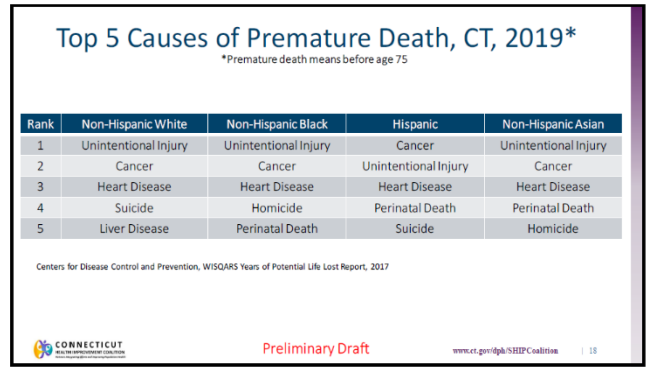
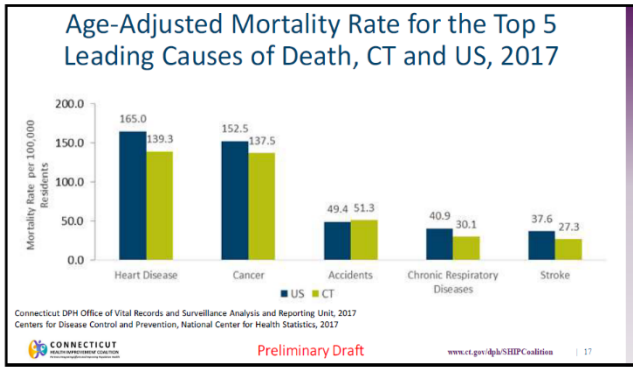
Percent of Population Aged 5 Years or Older who Speak a Language Other than English at Home, by County



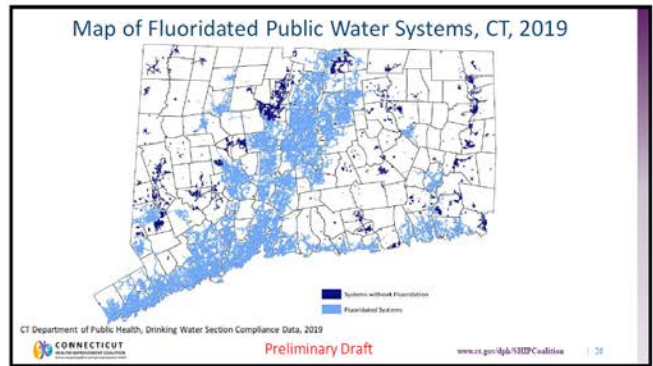
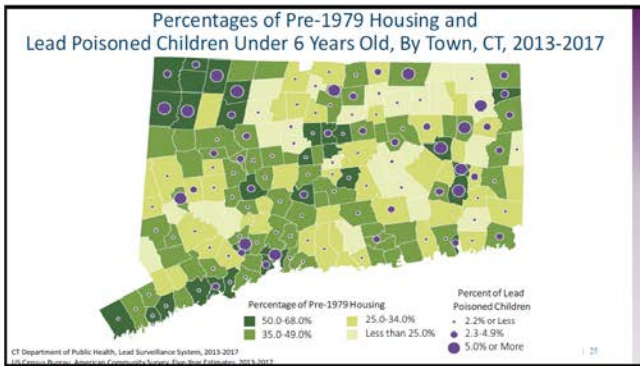
US Census Bureau, American Community Survey 1-Year Estimates, 2017

Our Leading Causes of Death

Appendix C: Reference Documents for Public and Partner Input



Appendix C: Reference Documents for Public and Partner Input



Chronic Diseases and Risk Factors

Preliminary Draft

Asthma in Connecticut

Among CT residents surveyed in 2017, **12.9%** of children and **10.7%** of adults suffered from asthma.

In 2017, asthma as a primary diagnosis accounted for:

- **19,000** Emergency Department (ED) visits
- **2,500** hospitalizations
- **\$99 million** in acute care charges
 - **\$56 million** were for hospitalizations
 - **\$43 million** were for ED visits

Behavioral Risk Factor Surveillance Survey 2015-2017
 CT Inpatient Hospitalization and Emergency Department Visit Dataset, 2017

Major Risk Factors for Heart Disease and Stroke

Obesity

27% of CT adults are obese and **36%** are overweight.
16.3% of children aged 5 to 17 years old are obese and **13.4%** are overweight.

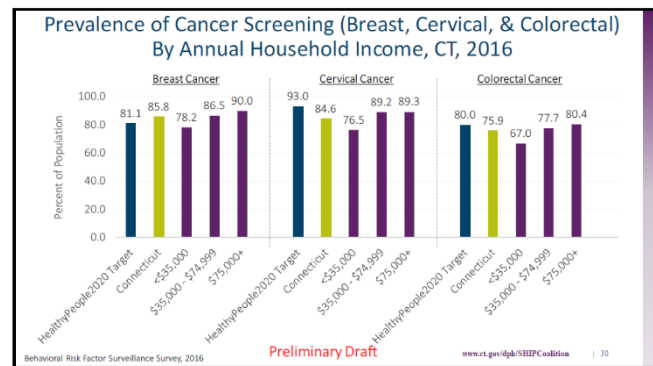
High Blood Pressure

30.5% of adults over 18 years old have ever been told by a doctor, nurse, or other health professional that they have High Blood Pressure.

Tobacco Use

485,000 adults in CT use tobacco, and more than **350,000** smoke cigarettes.
31,000 CT high school students use at least one tobacco product, including e-cigarettes

Behavioral Risk Factor Surveillance Survey 2015-2017



Injury, Violence Prevention, and Behavioral Health

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Top 3 Causes of Unintentional Injury Death By Age Group, CT, 2017

Age Group	1st Cause	2nd Cause	3rd Cause
> 15 yrs	Suffocation	Poisoning	Poisoning
15-24 years	Poisoning	Motor Vehicle Traffic	Motor Vehicle Traffic
25-44 years	Poisoning	Motor Vehicle Traffic	Motor Vehicle Traffic
45-64 years	Poisoning	Motor Vehicle Traffic	Motor Vehicle Traffic
65+ years	Fall	Unspecified	Suffocation

CDC Web-based Injury Statistics Query and Reporting System, Fatal Injury Reports, 2017

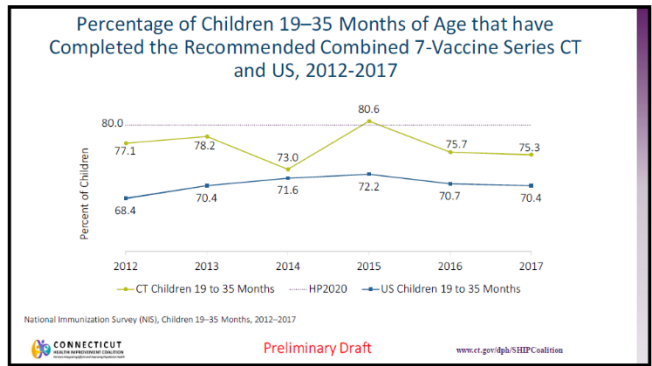
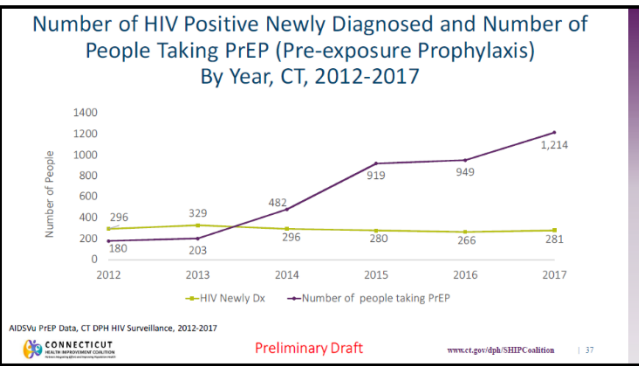
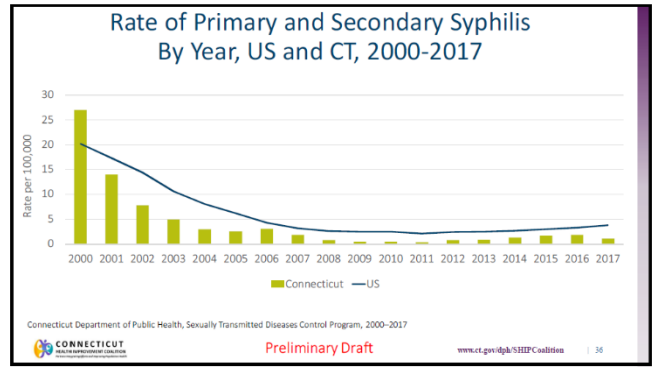
Appendix C: Reference Documents for Public and Partner Input

Infectious Diseases

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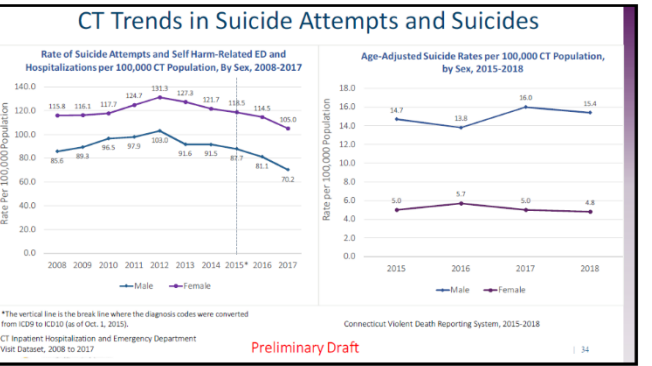
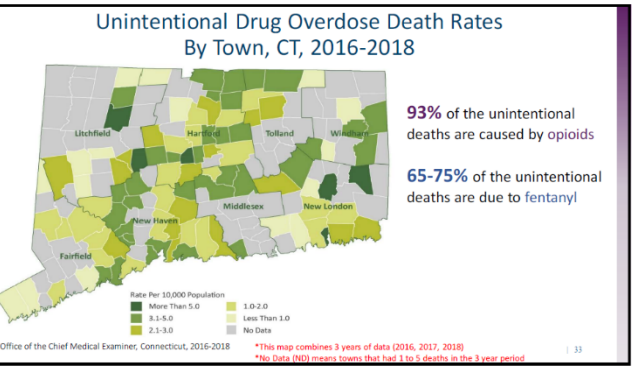
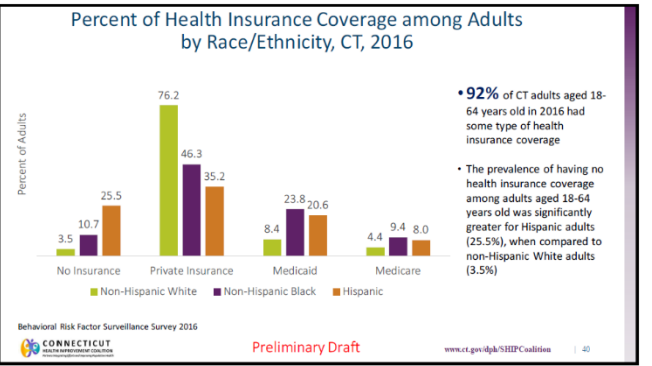


Health Systems

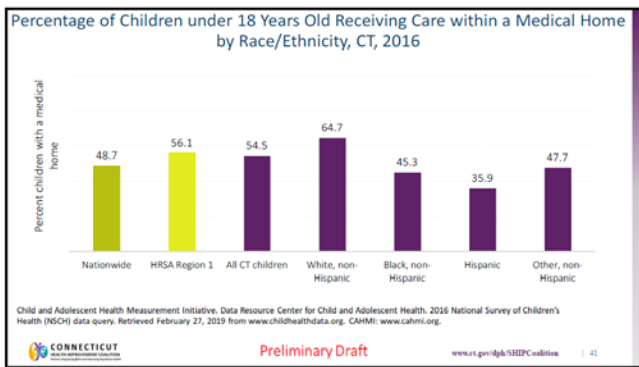
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Appendix C: Reference Documents for Public and Partner Input



Discussion

From these preliminary findings, what stood out for you? What surprised you?

Was there anything you saw today that members of your community could come together to address?

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HEALTHY CONNECTICUT INITIATIVE

Preliminary Draft www.ct.gov/ship/shipc Coalition

Next Steps/Updates

- Public Comment Period for State Health Assessment
- SHIP Summit – September 20th, 2019
- Ad Hoc SHIP Communications Committee

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HEALTHY CONNECTICUT INITIATIVE

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Next Steps/Updates

- Public Comment Period for State Health Assessment
- SHIP Summit – September 20th, 2019
- Ad Hoc SHIP Communications Committee
- Healthy CT 2025 Planning
- Questions? Please email HCT2020@ct.gov

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HEALTHY CONNECTICUT INITIATIVE

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Appendix C: Reference Documents for Public and Partner Input

Announcement of Open Public Comment Period for the 2019 State Health Assessment

The Connecticut Department of Public Health (DPH) has released a draft of the 2019 State Health Assessment (SHA) and is now accepting partner and stakeholder comments. The SHA is a comprehensive report that assesses the health needs of our state residents and sets the foundation for future state health improvement planning. The goal of the public input period is to ensure the SHA is an effective and useful planning document for public health partners and that the report identifies the greatest health priorities in our state.

The CT State Health Assessment, with links to the individual chapters, is available [here](#). Please provide your feedback by completing a short feedback survey (link below the SHA chapters) or sharing comments by contacting HCT2020@ct.gov.

It is important for us to hear from a broad range of partners and stakeholders. Please forward this announcement to your networks, colleagues, and residents so that everyone has a voice in Connecticut's health planning efforts. Thank you for being part of this important effort and for your contributions to the development of the assessment!

Appendix C: Reference Documents for Public and Partner Input

Summary of Public Comments from Public Input Period

General Comments

- Several comments celebrated the quality of the report, including the presentation of the data and the range of topics the document covers
- One comment described being unable to answer the question on the SurveyMonkey questionnaire related to what the Top 3 priority areas of the report are. Two comments suggested creating a one-page “key findings” fact sheet for each topic area to help identify key takeaways from the report.
- One comment was made on ensuring the document is accessible to vision impaired readers.
- One comment suggested adding a hyperlinked table of contents, checking for uniformity on how race/ethnicity is described in the charts, and standardizing the speaking voice of each section (i.e. “we”, “our”, “you”)
- One comment suggested releasing all the data contained in the report in an Excel file

Introduction and Process

- One comment suggested using the introduction to inform the reader about health equity in greater depth than the social determinants of health. In addition, this community member discussed addressing implicit bias and institutional racism in clinical care to measurably improve health outcomes.

Describing Connecticut and Socioeconomic Context

- One comment pointed the DPH team to Indian Health Services documents for more information about the health of tribal communities
- A citation was requested for the statement, “Connecticut is the most diverse state in New England”
- Two comments suggested separating this section out as a standalone document so that researchers could more easily find the information
- One comment suggested posting the graphics as twitter messages because the statistical presentations can be very useful for all DPH stakeholders.
- One comment recommended disaggregating data on the Hispanic population when identifying issues. For example, Puerto Rican residents face different issues than other Hispanic residents.
- One comment celebrated the focus on health equity

Maternal, Infant, and Child Health

- One comment suggested describing who is covered by the “NH Other” category when results are significantly different. This comment referred to the measures for breastfeeding rate and postpartum depression.

Behavioral Health, Injury and Trauma

- One comment requested that a program spotlight be added to the Falls section to highlight two evidence-based programs that address fall risk, balance, and fear of falling, “A Matter of Balance” and “Tai Ji Quan: Moving for Better Balance”. Both of these programs have been offered by local health departments, senior centers, trauma centers, and visiting nurse associations.
- One comment suggested using more sensitivity regarding the connection between mental illness/trauma and violent behavior.

Appendix C: Reference Documents for Public and Partner Input

Chronic Diseases

- One comment suggested reconfiguring the graph and wording of a graph in the prediabetes section so that it is less misleading or confusing to readers.
- One comment identified several typos to be resolved before publishing the final document

Infectious Diseases

- One comment provided an additional sentence to add to the Connecticut Vaccine Program section about the CT Immunization Information System

Climate and Health

- Both comments for this section celebrated the inclusion of Climate and Health into the SHA and the recognition that Climate Change is a serious public health issue.
- One comment discussed the need for improved climate change communication and recommended creating a dedicated program on climate and health to foster further study and improved health outcomes.
- One comment pointed DPH to the 2019 Report of the Lancet Countdown on Health and Climate Change and urged the SHIP Coalition to include it in SHIP 2.0.